a hospital and

69	4001	BALTIMORE CITY HEALTH DEPARTMENT
	TUUT	CERTIFICATE OF DEATH

CERTI	FICA?	TE OF	DEA	TH

REG. NO.	69_	4001

BIRTH NO.		CERTIFICA	TE OF	DEATH	KEO. 110	00 100.5
NAME OF DECEASED				2. DATE AN	D HOUR OF DEATH	
Sister Mary Bur	ke			April	16, 1969	7:20 A.
3. PLACE IN BALTIMORE, MARYLAND,	VHERE PRO	NOUNCED DEAD	4. USUAL A. STATE	RESIDENCE (When	e deceased lived. If i	nstitution: residence befare admissi
		CTITILDON ONE CTOCCT	Mary			18.41
FULL NAME OF (IF NOT IN HOSP! HOSPITAL OR ADDRESS OR LOC NSTITUTION	ATION)	STITUTION, GIVE STREET	C. CITY OR		Ip. INS	SIDE CITY LIMITS?
Villa St. Micha	Га		Balt	momo		YES NO
4000 Forest Hil			E. STREET	AND NUMBER		
Baltimore, Mary		21207	1.000	Pamast IIi	11 Pond	
SEX 6. RACE		IED NEVER MARRIED	8. DATE OF	Forest Hi	9. AGE (In years	If Under 1 Yr. , If Under 24 H
Female White	WIDOW	= =	May 6,		lost birthday) 81	Months Doys Hours Min
Female White						12. CITIZEN OF WHAT COUN
one during most of working life, even if retired)						
Nurse	Sist	er of Charity		unty Galwa		U.S.A.
3. FATHER'S NAME			14. MOTHE	R'S MAIDEN NAM	A E	
Thomas Burke			Car	therine Ba	arett	
S. Was Deceased Ever in U. S. Armed For es, no or unknown) (If yes, give wor or do	rces?	1 6. SOCIAL SECURITY NO.	17. INFORM			ADDRESS
4			C.	nton Tonot	1.000 E	emest Will Bood
NO	-	219-54-0699-1		seer Ignat	та, 4000 г	orest Hill Road
DISEASE OR CONDITION D	DECTIV			1		BETWEEN ONSET AND DE
LEADING TO DEATH			36		lamant -	0 3
(This does not mean the mode o		(A)IMMEDIATE CA	USE MYOC	ardial Scl	Lerosis	2 days
heart foilure, asthenia, etc. Il mean			A CONSEQUI	ENCE OF:		
injury or complication which cause						
ANTECEDENT CAUSE	S	General	Arter	ial Sclere	osis	7 years
DISEASES OR CONDITIONS, if	ony, aix	(R)				
rise to the above cause (A)						
UNDERLYING CONDITION lost.		(C)				
II						
OTHER SIGNIFICANT CONDITIONS CO						
IDISEASE OR CONDITION GIVEN IN PA	RT 1 (A).		120 A	TORCY2 (You or Ma) 208 IE VEC WERE	EINDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CO	REPORMED	OR WHICH OPERATION	20A. AU	TOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
		1018 Bt - 05 05	*	C WHITE TIE	04 - 7 - 1	
OR CONTRIBUTING CALLSE OF		21 B. PLACE OF INJURY (e.g., hame, form, factory, street, c	office bldg., IN	JURY OCCUR?	(If in Boltime	ore City, give exact location)
DEATH (natify medical examiner)		etc.)	14			
	(Hout)	21 E. INJURY OCCURRED		F. HOW DID INJ	URY OCCUR?	
21D. TIME (Manth) (Doy) (Year OF INJURY (APPROX.)		While At Not Whi	le			
		WORK - AT WORK			60 1	47.75 60
22. I certify that (I) (this hospite	ol) ottend	ed the deceased from Fet	ruary	791	9 62 to Apr	11 15, 19 69
that (I) (we) last sow the deceas	ed olive	on April 15,	19	ond the	at in(my) (our) op	inlon deoth occurred on the
and hour and from the causes ste			view the bo	dy ofter deoth.		
23A. SIGNATURE	1					23 B. DATE SIGNED
A LIVA.	71/6		ending	Med.	Staff Phys.	4/1/2/1/24
10 pmiller	ruel	OEGREE Phy			Phys.	1//4/4/
23C. PHYSICIAN'S NAME (Type)			23D. ADDRE			/ /
Damian Alagia,	M. D.	OEGREE	3326	Frederick	Avenue, Ba	ltimore, Maryland
4A. BURIAL CREMATION, 24B. DATE	24	C. NAME of CEMETERY OF CR				City, tawn, or county) (State
REMOVAL (Specify)			Lijz			abash Ave., City
BURIAL 4/18/1	969 V	illa St. Micha	el (on	grounds	of Seton	Inst. ADDRESS
SA. DATE REC'D BY HEALTH DEPT.	258. NA/	ME OF REGISTRAR	25C. FU	NEKAL DIRECTOR		VDDKE22

STEWART & MOWEN CO.108 W.North Av.Cityl è

47-58-11 NG	H + 400 69 4002 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 4002	
2528 -	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 4002	_
ase †	1. NAME OF DECEASED 12. DATE AND HOUR OF DEATH	
of deat Decease e on th	(Type or Print) ROSE E, HALL April 16,1969 507	M.
the Dot	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing the property of t	on)
hospitise of (5) De ance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	
2 5	INSTITUTION D. HASIDE CITY DIMEST	
2 0	Baltimore City Hospita / Baltimore YES X NO]	_
ting d cat d cat prior	4940 Eastern Ave Baltimore, Maryland 2543 Francis Street #21217	
2000	5. SEX 6. RACE 7. ALADRIED NEVER ALABRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H	lrs.
ccur frib min gul sed	Female Negro WIDOWED DIVORCED 9-26-12 56 Months Doys Hours Min	
red resistant	10A. USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign county) 12. CITIZEN OF WHAT COUN	TRY?
T rect or c (4) Undet was in the dec	done during most of working life, even if retired) Maryland USA	
de de cas	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Free + X	Lawrence E. Herbert Ethel Chesley	
	15, Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT	
RTA ssista the the dea dea nice of final	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 212-12-2192 BCH Records: 4940 Eastern Ave Baltimore, Maryland #21224	
A the	TIB. APPROXIMATE INTERVA	
IMPORTAN or his assistan Also, if the di s of any kind; ounced death ittendance on	DISEASE OR CONDITION DIRECTLY	ATH
Als Als	LEADING TO DEATH (A)IMMEDIATE CAUSE Cardiac arrest 3 min	
	(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. II means the disease,	
OR ine	injury or complication which caused death.)	ı
T Fraint	DISEASES OR CONDITIONS, if any, giving (B) ANTECEDENT CAUSES (B) DUE TO OR AS A/CONSEQUENCE OF: DUE TO OR AS A/CONSEQUENCE OF:	1.
ex e	rise to the obove cause (A) stating the	ne
DIRECTOR: ical examiner. is; (3) A fractuician who produces in regular as in sare emba	UNDERLYING CONDITION lost. (c) (TENET all Zec) CITCTIO SICIOSIS & C.G.	-3
edicalicalical	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
A roctro	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
W 0 7 0 C	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
CN chi by a book the thysi	W NONE YES	
T 5 - 4 5 0 5	OR CONTRIBUTING CAUSE OF Lamp form form form form form	
~ · - · · -	DEATH (notify medical examiner) etc.)	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
hosed national	Work Al Work	4_
pr ex ob ob	22. Leactify that (1) (this haspital) attended the deceased from 1907 1 1907 to 1907	
of op of all (all (be);	that (1) (we) last saw the deceased alive ap 1771 6 19 6 9 and that is (my) (aur) apinian death accurred an the c	ate
0	and hour and from the causes stoted obave (1) (We (did) (did not) view the bady after death.	
ust be eased ident nospit o dear	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff De 116 1016	7
	THUEST UI SETUL OF Phys. Director Phys. Phys. Director Phys. Company Phys. Director Phys. Company Phys. Phys. Company Phys. Ph	1
0 0 0 0	23C. PHYSICIAN'S NAME (Type) Hi, hert W. Gerry 23D. ADDRESS CFGUO Eastern Ave. Bult Mo	2/ -
certificat sody was rs: (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, fown, or county) (Stote)
	REMOVAL (Specify)	
This cer the bod shows: (was D.G decease	Burial 4-19-69 MT. AUBURN CEM. BALTO. Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR E.R. BALCEY ADDRESS	
This cape the bashow was decee	APR 18 1969 P. D. S. John no KELSONOF. H. 1348 CALHOLIN ST.	
	VS 150-REV_1///40	-





IMPORTANT

DIRECTOR:

FUNERAL

	BALTIMORE CITY	HEALTH DEPARTMENT		1005
BIRTH NO. 69 40	005 CERTIFICA	TE OF DEATH	REG. NO.	69 4005
1. NAME OF DECEASED	1 -	2, DATE AN	D HOUR OF DEATH	- 20/
(Type or Print)	hnto	4	1/15/69	1 7 pm M
3. PLACE IN BALTIMORE, MARYLAND WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When		ion: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	11	C. CITY OR TOWN	D. INSIDE C	15-01
90 29 n. Coney	/ .	E. SPREET AND NUMBER	rone YE	NO [
Ballimore		1	n st	
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If lost birthday) Mo	Under 1 Yr. If Under 24 Hrs.
MALE NEGAU WIDOW		11. BIRTHPLACE (Stole or forei	46.	CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Co Known 13. FATHER'S NAME	Known	MARYLA	ND	U.S.A.
TIL O U		THE THER S WINDER WAY	VIE - I	
wohn Cook		MARTHY	THOM	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
un Knowh	219-03-4561-4	- Maggie Free	eman 622	Baker St.
1B. / O / V	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0 /	0 0 0	DETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE CA of	Prostante	
(This daes not mean the mode of dying, the heart failure, osthenia, etc. It means the disections.)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	A	
injury or complication which caused death.)				
ANTECEDENT CAUSES	/n\			
DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above couse (A) stating UNDERLYING CONDITION last.	the	b		
ONDERENING CONDITION IUSI.	(८)	*******************************		***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	NG			7 10 10 10 10
TO THE DEATH BUT NOT RELATED TO THE TERMIN				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore Cit	y, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While			
(AFFROA)	Work At Work		200	1
22. I certify that (I) (this hospital) attende	. /		19 68 ta 4	15 19 69
that (1) (we) lost saw the deceased olive	on 4/15	19 67 ond th	ot in(my) (our) opinian	deoth occurred on the dote
and hour and from the couses stated about	e. (I) (We) (did Ndid not) v	iew the body after death.		
23A. SIGNATURE	,)		23 B	DATE SIGNED
Take Plan	Man Dhu	nding Med. Director	Staff Phys.	
23C. PHYSICIAN'S		23D. ADDRESS	11173.	
NAME (Type)				
24A. BURIAL CREMATION, 24B. DATE 240	OEGREE CENALTERY - CRE	MATORY	OCATION (C)	(6)
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	240. [OCATION (City, to	own, or county) (Stote)
Buria 4-14-69	MIT. HUBUR	N CEM. 1	SALTO, (Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAN	AE OF REGISTRAR	25C FUNERAL DIRECTOR	b.R. Bal, ey	ADDRESS
APR 1 A 1969 (20. A	E Janke	Kelsen Fune	real Hore to	48 71- Cellin A
VS 150-REV, 177/68			171	



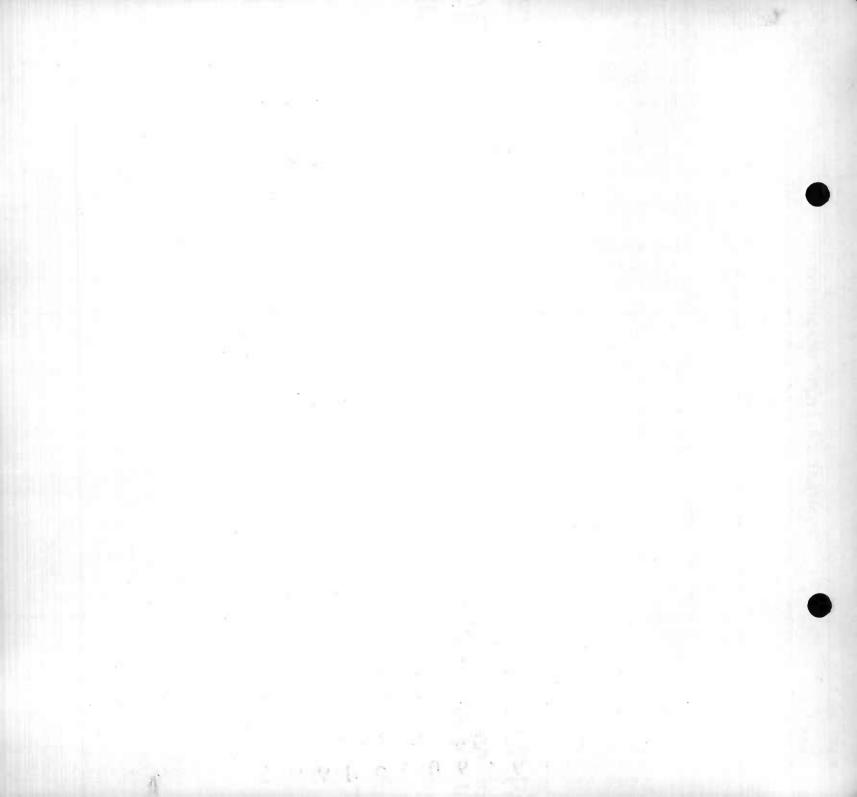
25C. FUNERAL DIRECTOR

1348

ADDRESS

Was

VS 150-REV. 1/1/68

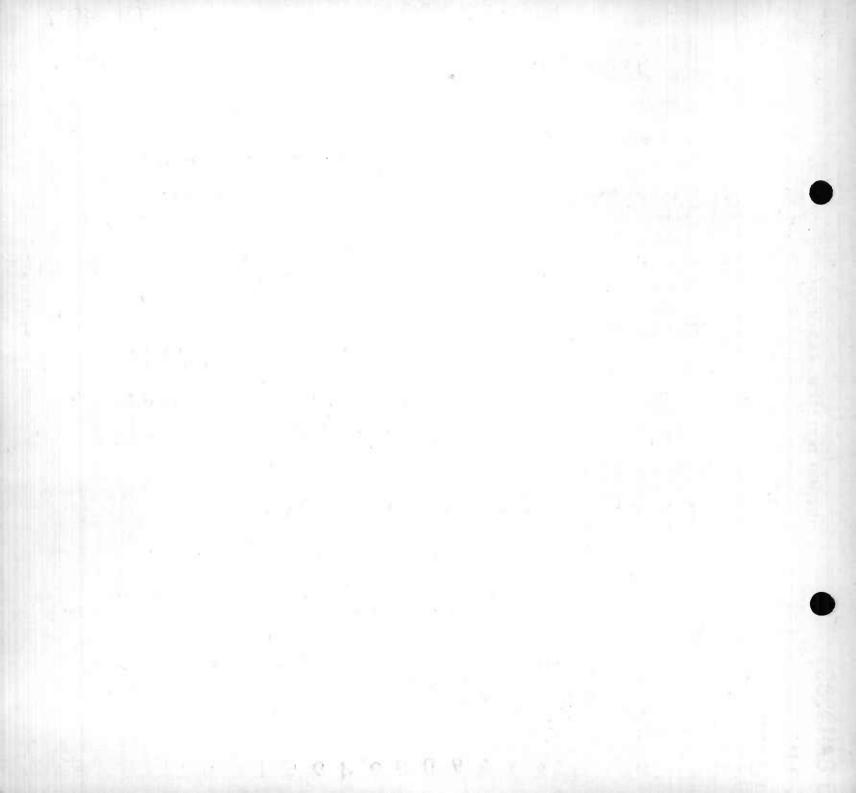


VS 150-REV. 1/1/6B

	69	400	BALTIMORE C	TTY HEALTH D	EPARTMENT		60	4000
	00	100		ATE OF	DEATH	REG. NO.	69	4007
BIRTH NO. 1. NAME OF DECE	A SED		CERTITIO	7 (12 01		AND HOUR OF DEA	711	
Type or Print)		UNES			4	16- 69	1.1	8.100
3 PLACE IN BALTI	MORE MARYLAND, W	The Color of the C	INCED DEAD	4. USUAL		here deceased lived.	f institution; resid	lence before odmission)
TEACE III DALII	MORG MARIENID, W	TIERE TROTTO	SHOLD DEAD	A. STATE	B. COL	YTNL	10	1111
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		arylan		20	- 74
NOTHITTON			C .	C. CITY OR	TOWN	D. 1	NSIDE CITY LIMI	
1101	nevan Hos	cital o	+ Marylen	76	AND NUMBER	None	YES	NO L
ILI.				L. SIKEET		. 0	0	
d HI S		75			3 WICK		ad	9 1/ 11 1 0 11
SEX	6. RACE	MARRIED [NEVER MARRIED	8. DATE OF	BIRTH	9. AGE (In years lost birthdoy)		Yr. If Under 24 Hrs.
Female	who	WIDOWED				8041		
	PATION (Give kind of worl orking life, even if retired)	10B. KIND OF	BUSINESS OR INDUS	TRY 11. BIRTHPL	ACE (State or fo	oreign country)		OF WHAT COUNTRY
Reti					Virgini	a	V	A. 2.
FATHER'S NAM					R'S MAIDEN N			
	S. Carrier				ton-			
Was Dassaced	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORM	ANIT		A	DDRESS
es, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.			Washingt		
				III 3	Laula	Maniting	,011,	· · · · · · · · · · · · · · · · · · ·
18. []	4 41		CAUSE OF DE	ATH				APPROXIMATE INTERVAL WEEN ONSET AND DEATI
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19A. DATE OF	abave cause (A) CONDITION last. II CANT CONDITIONS CO I BUT NOT RELATED TO T NOTITION GIVEN IN PAR OPERATION 198. CON WAS PER	NTRIBUTING HE TERMINAL RT 1 (A).			TOPSY? (Yes or	No) 208. IF YES, WE	RE FINDINGS CO	ONSIDERED
3-31	-61	Gansi	enelagi le	9	40		Madree	
21A. ACCIDEN	T WAS UNDERLYING [21 B.	PLACE OF INJURY (e. form, foctory, street	g., in or obout 21	C. WHERE DID	(If in Balti	more Clty, give e	xact lacation)
	medical examiner	etc.)				-		
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21	F. HOW DID I	NJURY OCCUR?		
(APPROX.)	-		ile Al Not					
		Wor						
22. I certify t	that (1) (this hospita	1) attended th			52			- 1967
that (1) (we)	lost sow the decease	ed alive on	V-	16 - 19 (ond	that in (my) (our)	opinion deoth	occurred on the da
and haur and	from the couses sta	ted abave. (I) (We) (did) (did no	t) view the bac	dy after deatl	١.		
23A. SIGNATUR	RE .						23B. DATE	SIGNED
	113acg			Attending Phys.	Med. Director	Staff Phys.	1 -	16-65
23 C. PHYSICIAN	4 'S		DEGREE	23D. ADDRES		Tilys. ——	4	60-01
NAME (Ty	pe)	4						
(A DILIPIA CST	SHIC	10:00:00	DEC		la.co	LOCATION	(6)	454.1
REMOVAL (S	AATION, 24B, DATE		AME of CEMETERY or			LOCATION	(City, town, or o	
Burial	4/20/	69 Mt	t Calvary	Cemetr	y A	A Cou	noy,	Md
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	2SC. FU	NERAL DIRECT		200/	ADDRESS
AD	P 1 8 1969 N	09 660	9-1-0-19	n Adr	plphusi	Halstead	1206 W	North AV

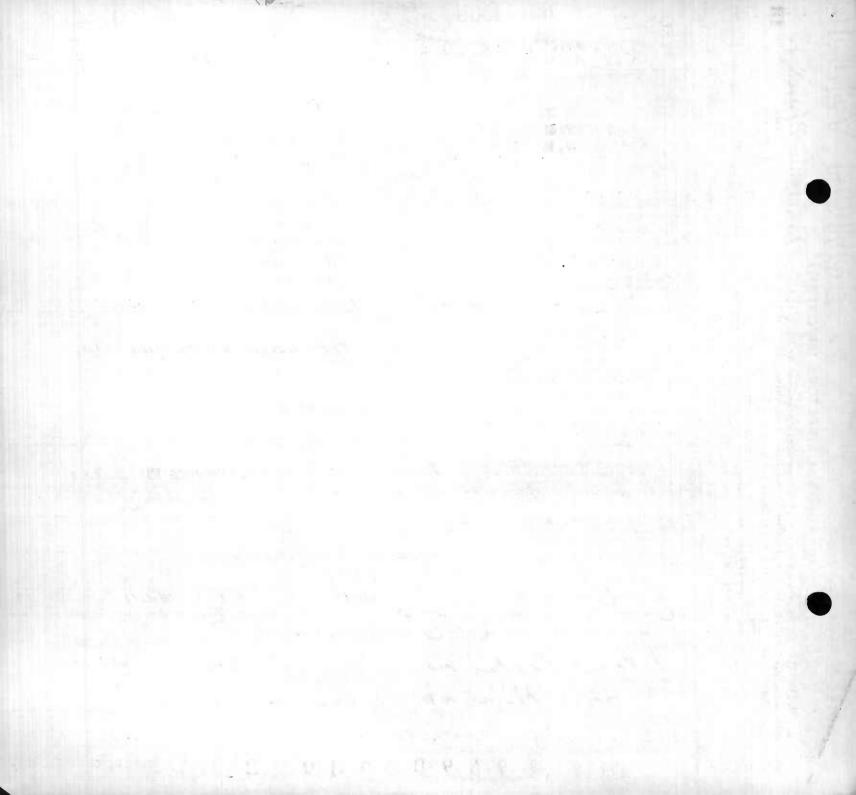
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Adol



Chestertown, Md.

VS 150-REV. 1/1/68



a hospital and

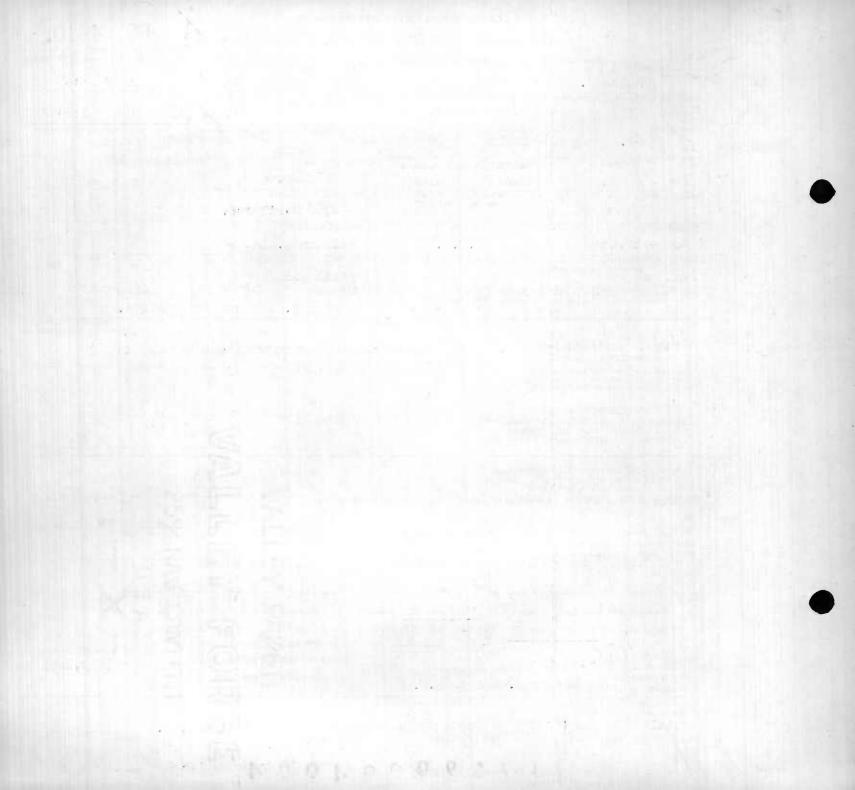
(Type or	MARG	ARET G	ertrude	Wind	SOR		Apr	2.1/ (5.	1969	t	7:35
3. PLAC	CE IN BALT	MORE MARYLA	ND, WHERE PE	ONOUNCED	DEAD	4. USUAL RES	DENCE W	nere deceased I	ived. If ins	titution: resi	idence belare admiss
FULL N	AME OF	(IF NOT IN H	OSPITAL OR I	NSTITUTION,	GIVE STREET	MARY			a. 6	i P	52 11
UTITZNI	TION					C. CITY OR TO	WN		D. INSIE	E CITY LIM	ITS?
Cl	LNIUEA	esity of	MARYLAN	1d Hosp	ITAL	E. STREET AN	POLIS			YES 🗌	№ 🗌
	38		,	'				1:2 6+			
5. SEX	. 1	6. RACE	7- MAR	RIED LA NEV	ER MARRIED	8. DATE OF BIE	RTH POL	9. AGE (In y	eors	II Under 1	Ye il Under 24
F		White	WIDO	WED	DIVORCED T	4/27	113	iosi biringgy	55	Months D	Yr. Il Under 24 Poys Hours Mir
tOA, USU done duri	IAL OCCU	PATION (Give kind orking life, even if re	ol work 10B, KIN	D OF BUSIN	ESS OR INDUSTR	11. BIRTHPLAC	E (State or fo	reign country)		12. CITIZE	N OF WHAT COUN
5h	00 0	clerk	SAM	A's Sho	e5	MARY 1.	AND I	BAHIMOR	2	21.	5, A.
13. FATH	IER'S NAM	_				14. MOTHER'S					
	Jose	ph Ful	Lum			LiL	lie	Hemme			
15. Was (Yos, no o	Deceased 7	ver In U. S. Arm	ed Forces? or dotes of serv	ice) 16. SO	DESCRIPTION AS A CO.	17. INFORMAN	ī			A	DDRESS
-	-	_		213	-30-9760	LORRAII	ve Si	tock	AN	VA DO	15. M.
18.	951	7 1		С	AUSE OF DEAT	Ή			/ 1.0/		APPROXIMATE INTERV
		OR CONDITIO				CARCIN					WEEN ONSET AND DE
(This	s does no	mean the mod	de of dving.		(A) IMMEDIATE CA	USE INTRAK	3DOMINA	L ADENO	CARCIN	OMA	
heor	trins does not mean the mode of dying, e.g., heart follure, astheria, etc. It means the disease, injury ar complication which caused death.)										
		NTECEDENT CA								- 1	
DISE	EASES OR	CONDITIONS,	il ony, gi	ving	(B) DUE TO, OR AS	A CONSEQUENC	E OF:				
rise	lo the	abave cause	(A) slating	ine			- 0				
1.7		11	710	((C)						
OTHE OTHE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL										
er inise/					1100	20111701	<i></i>				
110		/	TUTTOUS (C	OF WHIEHS	PERATION DIS						
. OR C	ONTRIBUTI	WAS UNDERLY NG CAUSE Of ledicol exomined	NOT	218. PLACE	OF INJURY (e.g.,	n or obout 21 C. W	HERE DID	(If in	Boltimore	City, give e	xoct locotion)
O	TIME (Month) (Doy) (Year) (Hour)	21E INJURY	OCCUPRED	215 116	5144 m Im 1144				
OF IN	YAULY	,		While At			או פופ אינ.	IURY OCCUR?			
L		. /1\ /.1.		AAOIK -	At Work						
that	(I) (wa) to	nat (1) (this hos	pital) ottend	ed the dece	osed from	Nazeh	/3	19 <u>69</u> to_	Apr	12 1	5 19 67
	(1) (We) 10	st saw the dec	eased alive	on rsp	R16 13	19_67	ond th	not in (my) (o	ur) apini	on deoth o	occurred on the d
23A-	HENATURE	rom the causes	stated obove	e. (I) (We) (dld) (dld not) v	lew the bady a	fter death.				
1	all	lul. 7	tops				ed.	Staff Phys.	2	3B, DATE S	IGNED
23CiP	HYSICIAN NAME (Typ	S e)		/		23D. ADDRESS					
			/		Drawe						
4A. BUR	IAL CREMA	ATION, 248, DAT	E 240	C.NAME of	DEGREE CEMETERY OF CRE	MATORY	24D. L	OCATION //	(City,	fown, or co	ounty) (State)
BUR	11/	4/17	169 (JUAK	or Cen	eTerry	6	alesuilla	· Y	Kel	AACA
5A. DAT	E REC'D 8	HEALTH DEPT.		AE OF REGIS		25C. FUNERA	LDIRECTOR	041			ADDRESS
	A	PR 1.8 196	13 17 03	64,9	Chilley M.A	1 Haras	400	geral 140	We-) /	NUND	polis, Mad
S 150-RE	EV. 1/1/68										

P-430

69 4010 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH
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			MED			BALTIMORE CITY HE			DEAT		69	4010)
BI	RTH NO.									REG. NO.			
	NAME OF DI pe or Print)		P. Plat	t			2. DATE OF DEATH	Known 🛣	Month 4	13	1969	1:35	AM.
4.	PLACE IN BA	-			RONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	М.
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) RINSTITUTION							UNCED DEAD	4	13	1969	1:35	AMM
	40 St. Agnes Hospital						A. STATE	aryland	e deceosed li	B. COUNTY Ba	residence b ltimor	e d	3
6.	6. SEX 7. RACE 8. MARRIED NEVER MARRIED						C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?		-
L	Male White widowed □ DIVORCED □					altimore		YI	ES 🗵	NO 🗆			
9.	DATE OF BIR	ПН	lost birthdo			der 1 Yr. If Under 24 Hrs. s ; Doys ; Hours ; Min.		303 North	Avo.				
11.	Conne	(Stote or fore	ign country)			TIZEN OF HAT COUNTRY?	13. FATHER	s NAME	att	ll,			
144	USUAL OCC	UPATION (G	ive kind of work	14B. KIND		USINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME				
	Tool Ma					ghouse	Eth	el Wall					
	s, no of unknow					17. SOCIAL SECURITY NO. 216-12-9278	18. INFOR	mant nor A.Plat	tt 1303		Ave.		
-	19.	2 21				CAUSE OF DEA	TH					PROXIMATE II	
	41	06, 07										EEN ONSET	AND DEATH
	DISEA	SE OR CON LEADING 1	DITION DIRE	CTLY				otic card	iovasc	ular dis	ease		
	(This does		e mode of dy	ing, e.g.,		(A) IMMEDIATE	AS A CONSEC	HENCE OF					
	heort foilu	re, osthenio, el	tc. It meons the nich coused dec	diseose,		DOE TO, OK	AS A CONSEC	FOENCE OF:					
				,									
		ANTECEDEN		(0) () ()		(B)	AS A CONST	OUENCE OF				****	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE												
Z	UNDERLY	ING CONDI	TION LAST.			(c)		***					
은			II										
CERTIFICATION	TO THE D	EATH BUT NO	ONDITIONS CO	THE TERM	MINAL								
E			N GIVEN IN PA			UNCU ODED ATION IN	AC DEDECO.				Ta: 41170		
R	ZUA. DATE	JF OPERATIO	714 20B. COF	NUIIION	FORW	HICH OPERATION W	AS PERFOR	VED			21. AUIO	PSY? (Yes	or No)
بِ											no)	
EDICA	UNDERLYIN	RNAL CAUSE G OR CON AUSE OF DE	VTRIB-		hom e,	ACE OF INJURY (e.g., form, foctory, street, offic	in or obout e bldg., etc.)	NJURY OCCUR?	(If in Boltimo	re City, give exc	oct locotion)		
Σ	22D. TIME		(Doy) (Yeor	·) (Hou	r) 22	E.INJURY OCCURRED		22F. HOW DID IN	JURY OCC	UR?			
	(APPROX.)						WHILE						
	23.	-16 -1 - 1		. [
		rtify that l		nquiry [topsy 📙	ond that on t	his bosis,	deoth in my	opinion		
	resu	Ited from:	Notural cau	ses	Ac	cident Suicio	de 🔲 H	omicide 🔲	Undetermi	ned manner			
	ACTUA	. 1100	1.01		2h	1		CHIEF MEDICAL				DATE SIG	NED
	SIGNA	1/000	NOSI	1/			ASS	ISTANT MEDICAL	EXAMINER	K)	April		
	EXAMI NAME		Werne	r W.	Spi	tz) M.D.		OCIATE MEDICAL	EXAMINER		7-7-	,	
	A. BURIAL CR MOVAL (Spe	EMATION,	24B. DATE		24C	NAME of CEMETERY	or CREMAT	DRY 24D.	LOCATION	(City, towr	n, or county)	(Sto	ote)
L	Burial		4/16/6			oudon Park (ore,Md.			
25	A. DATE REC'	D BY HEALTH	DEPT.	25B. N	NAME (OF REGISTRAR	25C.	FUNERAL DIRECT	OR	4 1 1	DDRESS	2 8	/.
VS	151-REV. 1/1£	KE GOV	1969	100	15 6	Complete Com	1	W. Grand	1.122	o xay	MIN JE	1. 14	
+ 3	101-KLV. 1714	ALL YO	1000	PO CH	94								



BIRTH NO.		69 40		Y HEALTH DEPARTMENT	REG. NO	69 4	011	
	DECEASED INALTE		ALTER KURYLO		AND HOUR OF DEATH	1	3-15-1	
FULL NAM HOSPITAL INSTITUTIO	BALTIMORE MARYLA E OF (IF NOT IN DR ADDRESS OF	ND, WHERE PROPERTY OF THE PROP	NOUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL MD C. CITY OR TOWN BALTO. E. STREET AND NUMBER	here deceased lived. II i	SIDE CITY LIMITED YES NO	02	
5. SEX	6. RACE	7. MARRIE	D NEVER MARRIED DIVORCED D	8. DATE OF BIRTH 3-25-24	9. AGE (In years lost birthdoy) 45	II Under 1 Yr. II Months Doys Ho	Under 24 H	
Reti	red Machini	of work 10B, KIND		11. BIRTHPLACE (Slote or for Poland GERMAN Y	reign country)	12. CITIZEN OF WH	AT COUNT	
13. FATHER	Gregory		17.50	14. MOTHER'S MAIDEN N. Ann				
(Yes, no or un	eased Ever in U. S. Am known) (If yes, give wor	ed Forces? or dotes of service	3 SECURITY NO.	Mrs. Julia Go	jin 3709 I	na Avenue		
(This d	ISEASE OR CONDITION LEADING TO DE DES not mean the modifure, asthenia, etc. It is complication which complic	EATH de of dying, e. means the diseas	ie,	DE PUBLIMON A ACONSEQUENCE OF:	***************************************	SETWEEN ON	ATE INTERVAL SET AND DEA	
nise Id UNDER OTHER S TO THE	ANTECEDENT CA	, il any, giving 18 SA Stating 18 SI.	(C)	A CONSEQUENCE OF:	Z Met.	0	MOS	
		CONDITION FO	WHICH OPERATION	20A. AUTORSY? (Yes or N	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDER	D	
DEATH	CIDENT WAS UNDERLY TRIBUTING CAUSE O notify medical examined	F 2	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, al ic.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	re Cily, give exoci locoti	on)	
OF INJU	RY)	· ·	TE INJURY OCCURRED While At Not While At Work	_	JURY OCCUR?			
that (I)	2. I certify that (I) (this haspital) attended the deceased from 4-15 19 61 to 4-16 19 65 hat (I) (we) Last saw the deceased alive an 9-15 1969 and that in(my) (Sur) apinion death occurred an the date							
23A. SIG	NATURE ACADE SICIAN'S AE (Type)	lossber	MD Atte	nding Med. Director 23D. ADDRESS	Staff Phys.	23B, DATE SIGNED	6-69	
Buria		3-1969 S	NAME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, town, or county)	(Stote)	
25A. DATE I	APR 1.8 19	00 40 -	OF REGISTRAR	Lilly & Zoil	R	ADDRES 01-07 Easter	S	

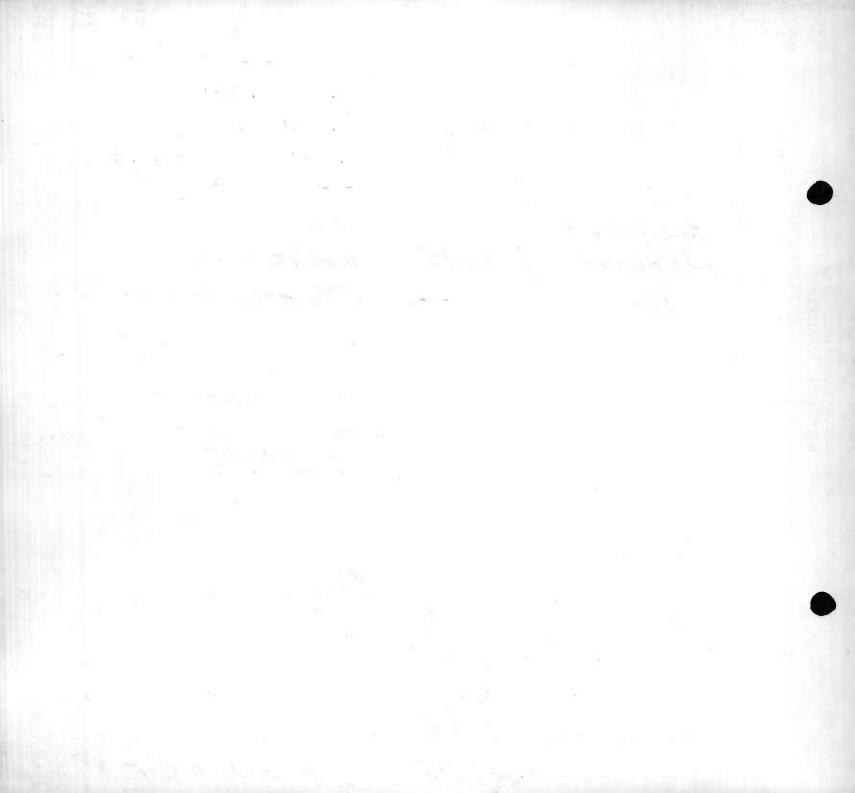
	69-07372 6	9 40	10	HEALTH DEPARTMENT	BEC NO	4
	MH NO. 132851	4	CERTIFICA	TE OF DEATH	REG. NO	69 4012
	PE OF Pint)	R. 13	on = last		ND HOUR OF DEATH	7.45 AM 245 A
3.	PLACE IN BALTIMORE MARYLAND, Y	HERE PROMO	UNCED DEAD	4. USUAL RESIDENCE (Wh	ere decodsed lived. Il i	nstitution: residence belove admission)
H	LL NAME OF (IF NOT IN HOSPIT OSPITAL OR ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	MARYLAND	BALTI	
100	THE JOHNS HOP	KINS HO	SPITAL	BALT I MOR		YES NO
	20		J 67 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E. STREET AND NUMBER		1 1 1 1 1
	2 3			2316 W. No	orth Avenu	e 15-04
	MALE NEGRO	7- MARRIED WIDOWED	DIVORCED	4-4-69	9. AGE (In yours lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kind of wor e during most of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or for	eign country)	12 CITIZEN OF WHAT COUNTRY?
	a coming man or working may or on a sentency					
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
				LESTINE		
15. (Yo	Was Deceased Ever in U.S. Armed Fo s,no or unknown) (If yes, give wor or date	rces? os of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			3200 XIII 1100			
Г	18. 7 / / /		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY		T +	+	HT
	(This does not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE IMMATUR	1 / Y	lauto hours
	heart failure, osthenia, etc. It meons injury ar complication which caused	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:	/	
	ANTECEDENT CAUSES		267			31
	DISEASES OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) UNDERLYING CONDITION lost	stating the	(c)			
			(-/	*******************************		
0 NO	OTHER SIGNIFICANT CONDITIONS CO					
S	DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19B. CON	T 1 (A).	WHO!	100 A	37-32-33-33-33-33-33-33-33-33-33-33-33-33-	
CERTIFICATION	WAS PER	FORMED		YES	O) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21 B. hami	e, form, factory, street, aff	or about 21C, WHERE DID ice bidg., INJURY OCCUR?	(if In Boltimo	re City, give exect location)
EDI	21D-TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?	
2	(APPROX.)	Whi	le At Not While			
	22, I certify that (1) (this hospital) ottended th	e deceosed from	4-4 16m	19 69 to 4	1-4- 2 am 1969
	that (1) (we) last saw the decease		4/4	10		nian death occurred on the date
	and hour and fram the causes sta	ted obave. (1)	(We) (dld not) vi			
	23A SIGNATURE	10				23B, DATE SIGNED
	Hary Vailele	John	7 DEGREE Phys.	ding Med. Director	Shaff Phys.	14/4/69
	PHYSICIAN'S NAME (Type)	1, 1	- /	3D. ADDRESS		777
24	GARY KACH	EleF	S/C DEGREE	THE JOHNS		SPITAL
	REMOVAL (Specify)		ME of CHMETERY OF CRE			ty, town, or county) (State)
	Cremation 4/4/6		e Johns Hop	kins Hos. 60		
25/	APR 18 1969	Pub 2.	F REGISTRAR	25C, FUNERAL DIRECTO	DISPOSAL	A DDRESS
VS	150-REV. 1/1/68		7 7 7 7			



1	2 6	Di Di	9 40	CEDILLIC		DEPARIMENT	REG. NO.	69 4013
BIRTH I	E OF DECEA	07598		CERTIFIC	ATEO	F DEATH		40.10
(Type o	D		f Alic	e Crandell		2. DATE	NO HOUR OF DEATH	, 250 A
3. PLA		MORE MARYLAND, V			4. USUA	AL RESIDENCE WA	ere deceased lived. If i	nstitution; residence before odmissia
FULL N	IAME OF	(IF NOT IN HOSPIT	AL OF INSTIT	IUTION, GIVE STREET	A. STAT	E & COU	Des	Manes
HOSPIT	AL OR	ADDRESS OR LOC	ATIONI	OHON, GIVE SIREE!	C, CITY	OR TOWN	D. IN	SIDE CITY LIMITS?
2/)	,		7				YES NO
(1	Thom	alanto	21	100.70	1	Cac Number	lle, Mary	land (a
5 SEX	1 1/1/6	RACE	7. MADDIED	THEYER MARRIED F		-500/	9. AGE (In years	If Under 1 Yr. , If Under 24 Hg
-3		1	WIDOWED	_	41	11.11.9	lost birthdoy	Months Days Hours Min.
OA. US	TAL OCCUP	ATION (Give kind of world		F BUSINESS OR INDUST	RY 11. BIRTH	IPLA CE (Stote or lore	ergn country!	12 CITIZEN OF WHAT COUNT
done du	ing most of wo	rking life, even if retired}						•
	HER'S NAME		1		14. MOT	HER'S MAIDEN NA	ME	
Wil	liam	Crandell			A	lice Red	ding	
5. Was	Docoased E	ver in U. S. Armed For I yes, give war at date	cos?	16. SOCIAL SECURITY NO.	17. INFO	RMANT		ADDRESS
		, , , , , , , , , , , , , , , , , , , ,	of services	SECORITI NO.				
18	778	91		CAUSE OF DEA	TH			APPROXIMATE INTERVAL
		OR CONDITION DI	RECTLY		0	0	/	BETWEEN ONSET AND DEA
(Thi	s does not	mean the made of	dying, e.g.,	(A) IMMEDIATE C		reles regu	rectory	Thou 30m
hec	ırl lailure, as	Thenia, etc. It means icotion which coused	the disease,	DOE 10, OK A	3 A CONSEG	acence of:	nest	
		TECEDENT CAUSES						
DIS	EASES OR	CONDITIONS, if	any, giving	(B)DUE TO, OR A	S A CONSE	QUENCE OF:	***************	************************
nse UN	la the DERLYING	abave cause (A) CONDITION last	stating the	(c)				
		11		(4)	***************************************			
PI STH	ER SIGNIFICA	ANT CONDITIONS CO	NTRIBUTING					1
⋖ DISI	ASE OR CON	PERATION 198 CON	T 1 (A).	WHICH OPERATION	120 A . A	UTOPSY? (Yes or No	all and is the week	FINDINGS CONSIDERS
1	/	WAS PERI	FORMED	WILLIAM OF EXAMEN		YS YES	IN CERTIFYING CA	FINDINGS CONSIDERED NO
0.0	ACCIDENT	WAS UNDERLYING NG CAUSE OF	218	PLACE OF INJURY (e.g.	in or obout	21C. WHERE DID	(if In Baltima	re City, give exact location)
DEA	TH (notily m	edical examiner	elc	ne, larm, factory, sireet,	once mag.,	INJURY OCCUR?		
21D.	TIME (A	Manth) (Day) (Year)	(Hour 21E	INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?	
(API	PROXI		Wh	ile At Not Wi	k 🗌			
22.	I certify th	at (1) (this hospital) attended t	he deceased from			19to	19
that	(I) (we) la	st saw the decease	d allve on	*******************************	19_	and th	at in (my) (our) opl	nian death occurred an the da
			ed above. (I	i) (We) (dld) (dld not)	view the b	oady after death.		
23A.	SIGN ATURE	0 17.1	11/)	tending 🖂	Mad	s. #	23 B. DATE SIGNED
225	Jany Physician	J. Marke	Mpa	DEGREE PH	уз.	Med. Director	Shaff Phys.	4/16/69
	NAME Type		. //	- (23D. ADDR		- 7	
24A. BII	Jary S	Rachele	fsky,	MD . DEGRE AME OF CEMETERY OF C			pkins Hos	-
	MOVAL (Spe							ty, town, or county) (State)
	matio	n = 4/16/6		e Johns Hop	kins	HOSP . 60.	L N. Broad	lway, Balto., Mo
		1 8 1969	0.8		0 4	O O O	SIN INTE	POSALADDRESS
S 150-	REV. 1/1/68	1 1000	PARTIE (- Augustin	7	-		

Baly's carried set obtained from theplat 4-22-64 et

VS 150-REV. 1/1/6B



1 34		BALTIMORE CITY HEA	ALTH DEPARTMENT CERTIFICATE OF DEATI	69 4015 H _{REG. NO.}			
(Ty	iame of deceased ^{e of Print)} DEBORAH D'. PETHEL lace in baltimore, maryland, where proi	NOUNCED DEAD	3. DATE Month	14, 1969 Yeor Hour 10:30 A			
HC	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) PROVIDENT HOSPITAL (April 14, 1969 1. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE Maryland B. COUNTY				
99 1	emale Negro WIDOWEI	DIVORCED	C. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. INSIDE CITY LIMITS? YES NO			
/ :	1-4-1950 lost birthdoy) 18 M	onths, Doys, Hours, Min.	735 W. Saratoga Stre	et			
I 4	USUAL OCCUPATION (Give kind of work) 148. KIND Of during most of working life, even if retired) Student	WHAT SOUNTRY?	Alden J. Dorsey 15. MOTHER'S MAIDEN NAME Pearlene Pethel				
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give wor or dotes of service) 9.	17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which coused death.) ANTECEDENT CAUSES	(A) IMMEDIATE C DUE TO, OR A	S A CONSEQUENCE OF:	BETWEEN ONSET AND DEAT			
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FO	21. AUTOPSY? (Yes or No) yes					
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURED (APPROX.) WHILE AT NOT WHILE AT NOTWILL AT WORK						
	23. I certify that I held on Inquiry		and that on this basis, Homicide Undetermin CHIEF MEDICAL EXAMINER	DATE SIGNED			

EXAMINER'S

25A. DATE REC'D BY HEALTH DEPT.

Burial

VS 151-REV. 1/1/6B

NAME (Type) Ronald N. Kornblum, M.D.

4-19-69

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify)

258. NAME OF REGISTRAR

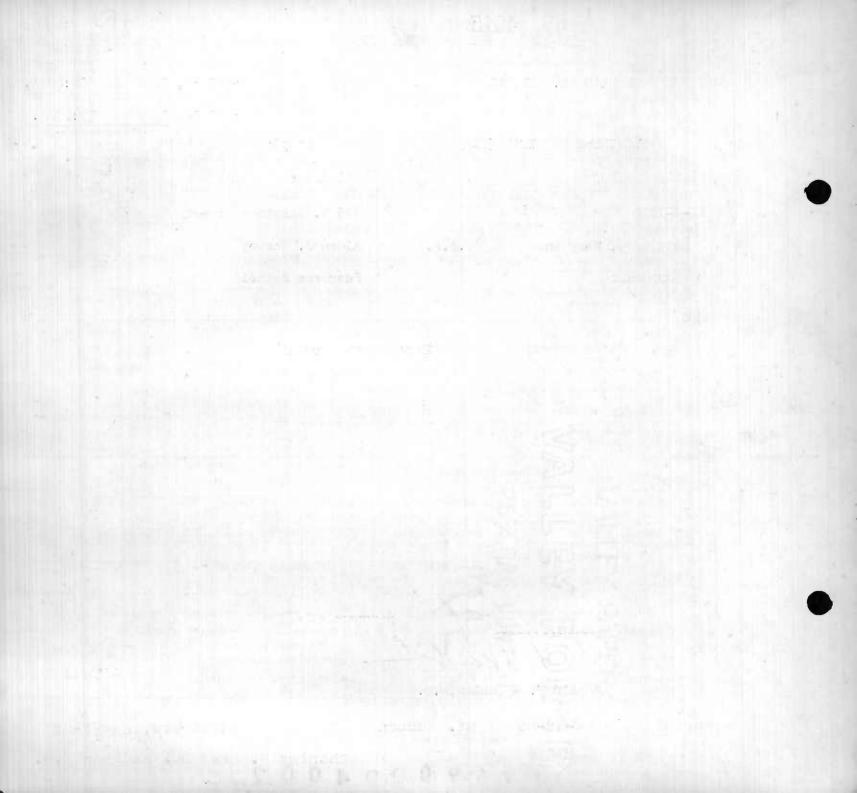
Mt. Auburn

ASSOCIATE MEDICAL EXAMINER

24D. LOCATION (City, town, or county)

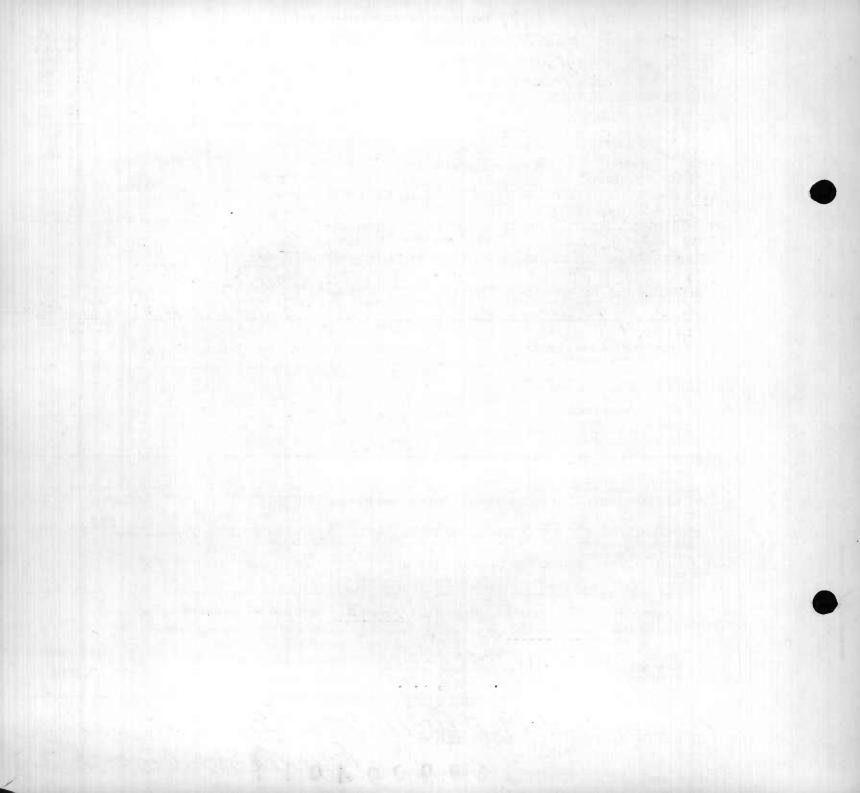
Charles R. Law 802 Madison Ave.

Baltimore, Maryland
ADDRESS



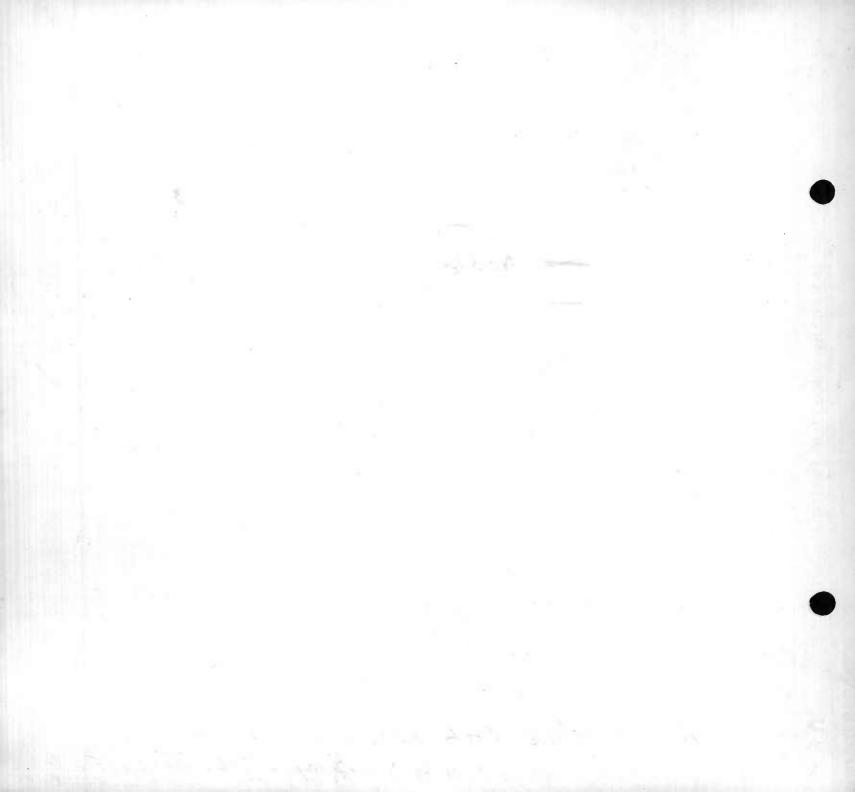
BIRTH NO. I.NAME OF DECEASED Rosie Dent Reg. No. 2 DATE AND HOUR OF DEATH	2:55 a
I. NAME OF DECEASED	2:55 a
Rosie Dent (Rosa) 4-13-69	G. 77 8 . M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if in: 8. COUNTY 8. COUNTY	stitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland INSTITUTION Provident Hospital, Inc. Maryland C. CITY OR TOWN D. INSTITUTION	DE CITY LIMITS?
1514 Division Street	YES X NO
Baltimore, Maryland 21217 E. STREET AND NUMBER 1531 N. Fulton Avenue	
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years	If Under 1 Ye , If Under 24 His.
Female Negro WIDOWED DIVORCED 5-25-95 Cast Director	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife South Carolina	U.S.A.
13. FATHER'S NAME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ADDRESS
No 219-01-6429A Mrs. Alma Gorham- Daughte	er Same
18. 4/0 9 1 CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. il means the disease, injury or complication which caused death.) (A) IMMEDIATE CAUSE My Cauchal Information of the consequence of: DUE TO, OR AS A CONSEQUENCE OF: Quite	BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, e.g., (A) MAMEDIATE CAUSE My Cauchal Infarch	en.
heart failure, asthenio, etc. il means the disease, injury ar complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: Quite	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	************************
LINDER VING CONDITION :	
CC)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FILE.	
WAS PERFORMED IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF Communication of Contribution of Cont	City, give exect location)
21D. YIME (Month) (Doy) (Yeen) (Hous) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work	
22. I certify that (i) (this hospital) attended the deceased from April 9, 1969 to April	1 13, 1969
that (i) (we) last saw the deceased alive an April 13, 1969 and that in (my) (aur) apini	ian death accurred an the date
and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.	
11 P. 23A. SIGNATURE	23B, DATE SIGNED
Viriginia y. Lewisto M.D. Director Director Phys.	4-14-69
23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS	
VIRGINIA V- FAUSTO, M.D.	
124A BURIAL CREMATION 124R DATE 1240 NAME 1 CONCESSION	, town, or county) (State)
Burial 4-17-69 Baltimore National Baltimore, Mar	cvland
25A. DATE REC'D ATTENTION OF REGISTER 25C. FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/68 R. Daw 802 Madis	son Ave.

) 1011	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 4917
BIRTH NO.	
(Type or Print) Arthur Thompson	OF Estimated 4 12 1969 9:20 PM
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 4 12 1969 9:20 PM
Sinai Hospital	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 15-13
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Colored WIDOWED □ DIVORCED □	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under I Yr. If Under 24 Hrs. Months, Doys Haurs, Min.	
1) BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF	13. FATHER'S NAME
(Balting ork) WHAT COUNTRY?	Phanles Thomason
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15, MOTHER'S MAIDEN NAME
done during most of working life, even il retired)	Elesa Vilh Smith
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no prunknown) (If yes, give was at dates af service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS ADDRESS
900 1951	Harry Elle thompson 1702 Kulfandare
19.11-31,9 I CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Sponta	neous intracerebral hemorrhage
LEADING TO DEATH (A)IMMEDIATE (This does not meen the mode of dying, e.g., DUE TO OR	CAUSE AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	ACCOMMENDED OF
ANITECEDENIT CALIFEC	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes ar Na)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	, in or about 22C. WHERE DID (If in Boltimore City, give exact lacation) te bldg., etc.) INJURY OCCUR?
OF INJURY WHILE AT NO	T WHILE
23.	WORK
I certify that I held an Inquiry Inspection A	utapsy 🖾 and that an this basis, death in my apinian
resulted fram: Natural causes 🔀 Accident 🗌 Suici	de Hamicide Undetermined manner
1100 01500	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUSTING M.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Werner V. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER April 13,1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 290 OCATION (City, tawn, ar county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C PUNERAL DIRECTOR ADDRESS
200. NAME OF REGISTRAR	Fails S
ADD 1 8 1980 1950 4 99 JAP 38	o yynex anders 2176 Tred
VS 151-REV. 1/1/68	5



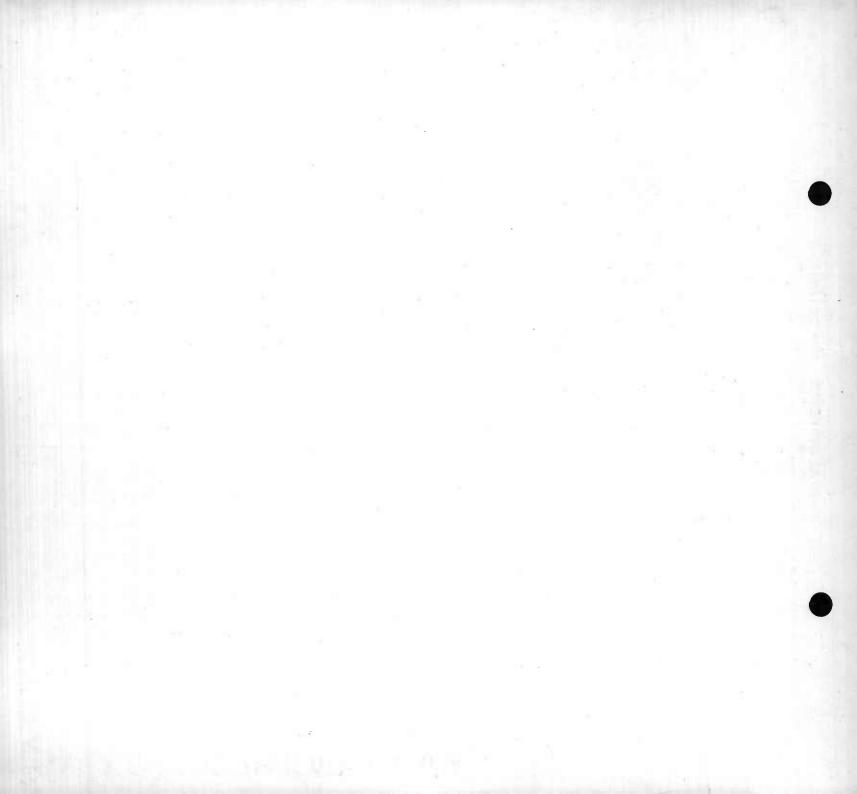
FUNERAL DIRECTOR: IMPORTANT

	9) . (1	1			HEALTH DEPARTMENT		00	ACAO
1	1-14	0 69	401	LO CERTIFICA	TE OF DEATH	REG. NO	69	4018
	H NO.	ASED # 1	4			ND HOUR OF DEATH		
	or Print)	OTTO N	- LAND	Noble	ч	114/69	3 4	5 P M
3. F	LACE IN BALT	IMORE MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE WHA. STATE B. COU	ere deceased lived. If i	nstitution: resi	idence before odmission)
HO	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT	TUTION, GIVE STREET	BALTO_ C. CITY OR TOWN	MD -	SIDE CITY LIM	10-05
1	MARTH	AND GENE	ERAL	920H			YES 🔀	NO L
1	49				E. STREET AND NUMBER	TAHOU ST.	- 124	
. s	X A	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under Months D	Yr. If Under 24 Hrs.
	0	W	WIDOWED	DIVORCED	3/9/96	73	TWO THIS C	170013
			k 108. KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZE	N OF WHAT COUNTRY
		vorking life, even if retired)			GERMA	NY		
	ATHER'S NAM	FOREMAN		1	14. MOTHER'S MAIDEN NA			
ا ۵۰	ATHER'S NAV	AE	M 1	11				
	Ah	DOF LOCAL	K No	ble	BARBARA	ING BERS	DOTTE	R
		Ever in U. S. Armed Fa		1 6. SOCIAL	17. INFORMANT		-	ADDRESS
. 4.3	NO	til yes, give wor or don	es of services	313-09-2317	DELEO		MD-	GEN-HOSP_
	18. 1 6 0			CAUSE OF DEAT				APPROXIMATE INTERVAL
RTIFICATION	DISEASES Orise to the UNDERLYING		d deoth.) S ony, giving stoling the ONTRIBUTING THE TERMINAL RT 1 (A).	(B) CONGE	STIVE HEAR A CONSEQUENCE OF: STATIC CA O	F LUNG		6-8- MOS _
_	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examiner	218 hom etc.	ne, farm, foctory, street, o	n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltima	re Cily, give	exact lacation)
_	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		LINJURY OCCURRED hile At Not While At Wark		JURY OCCUR?		
	that (I) (we)	RE DUS	and alive on	4 1 1 4 6 9 (We) (did) (did not) DEGREE Phy	riew the body ofter death	Shaff Phys.	inian deoth	19 69 signed
24A	BURIAL CREA	MATION, 24B. DATE	DE WE	DEGREE	MD_QE EMATORY 24D.		City, town, or	county) (State)
25A	11 21 10 1	a / 4/18,	258. NAME	of REGISTRAR	25C. FUNERAL DIRECTO	Balto,	Ma	ADDRESS Fagure
15	50-REV. 1/1/6		1 9	6 9 0 0	O Lacolde V.	THE CHANGE	2101	AUE





0 2 5	BALTIMORE CITY HEALT	H DEPARTMENT		00 4000
3-365 69 4	1020 CERTIFICATE		REG. NO	69 4020
1. NAME OF DECEASED (Type or Print) John Jose	of Strumsky	1 4-11	- 69	
3. PLACE IN BALTIMORE, MARYLAND, WHERE	RONOUNCED DEAD 4. US		aceased lived. If in	stitution: residence before admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	C CITY	Yd	. ID. INSII	DE CITY LIMITS?
Union Memori	al Hespital	Baltimer EET AND NUMBER	26	YES NO
44		1218 Ha	RWOOD	d Ave.
5. SEX 6. RACE 7. MAI	THE	lost	GE (In years birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KI		THPLACE (State or foreign	55	12. CITIZEN OF WHAT COUNT
done during most of working life, even if retired)	TO STATE OF THE ST	3 = 11	. N.1	1154
METIRE CO- Warenous TIME		OTHER'S MAIDEN NAME	e, 11a.	4-3-7
Adam Sto	umsky	Margare	x 6	rafsu
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAX 17. INF	ORMANT /	- 1 0 /	ADDRESS AL
(Yes, no or unknown) (If yes, give wor or dotes of set	224-07-6863 MA	. George Str	umsKu -1	1218 Harwood
18.4493 X	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Pulma	none Eux	lyseny	J 14 a
(This does not mean the mode of dying,		EQUENCE OF:		3 %.
hearl failure, osthenia, etc. It meons the dis injury or complication which coused death.)	sease,			
ANTECEDENT CAUSES	(0)			
DISEASES OR CONDITIONS, if any,		SEQUENCE OF:		
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	(C)			
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).		- AUTOPSY? (Yes or No.) 2	OB. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in or obo home, lorm, foctory, street, office bldg etc.)	UI 21 C. WHERE DID	(If in Baltimore	e City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour	21 E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
OF INJURY	While At Not While At Work			
22. I certify that ((1)) (this haspital) atten	ded the deceased fram	MAR 196	2.7 to	APR. 11 1969
that((1) (we) last saw the deceased alive	on	19 and that i	n(my) (our) api	nian death accurred on the d
and have and from the causes stated abo	ve (I) (We) (did) (did nat) view th	e bady after death. \mathcal{D}_{ℓ}	Fat U.V	Housiel Hosp
23A. SIGNATURE	Attending 5	/ Med. Sta	"	23B. DATE SIGNED
from take	DEGREE 11173.	Director Con Trily	"s. 🖵	4-14-69
23C. PHYSICIAN'S NAME (Type)	23D. AD	706 Be	0000	aue
24A. BURIAL CREMATION, 24B. DATE	DEGREE OF CEMETERY OF CREMATOR		ATION (C)	ty, town, or county) (State
REMOVAL (Specify)	Now Cotholos	1 Com R	14	Nol.
25A. DATE REC'D BY HEALTH DEPT. 25B.N	AME OF REGISTRAR 250	FUNERAL DIRECTOR	110 4	ADDRESS
Aby 19 1909 Offers	50 100 Books 5 0 8	Herry LIS	chwab	-2101 Frederi
VS 150-REV. 1/1/6B				no

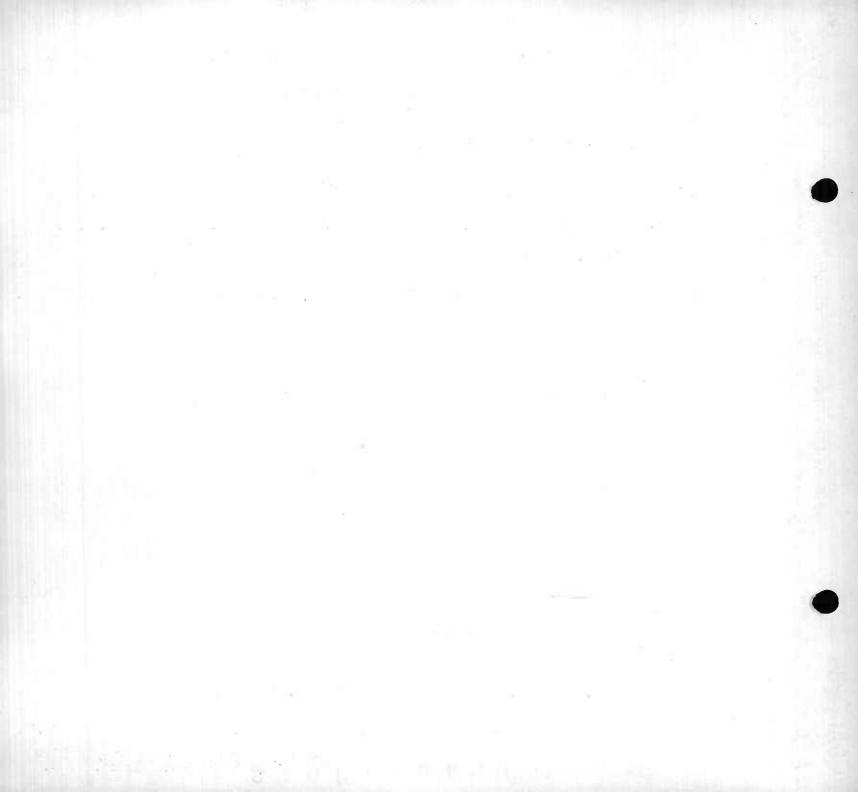


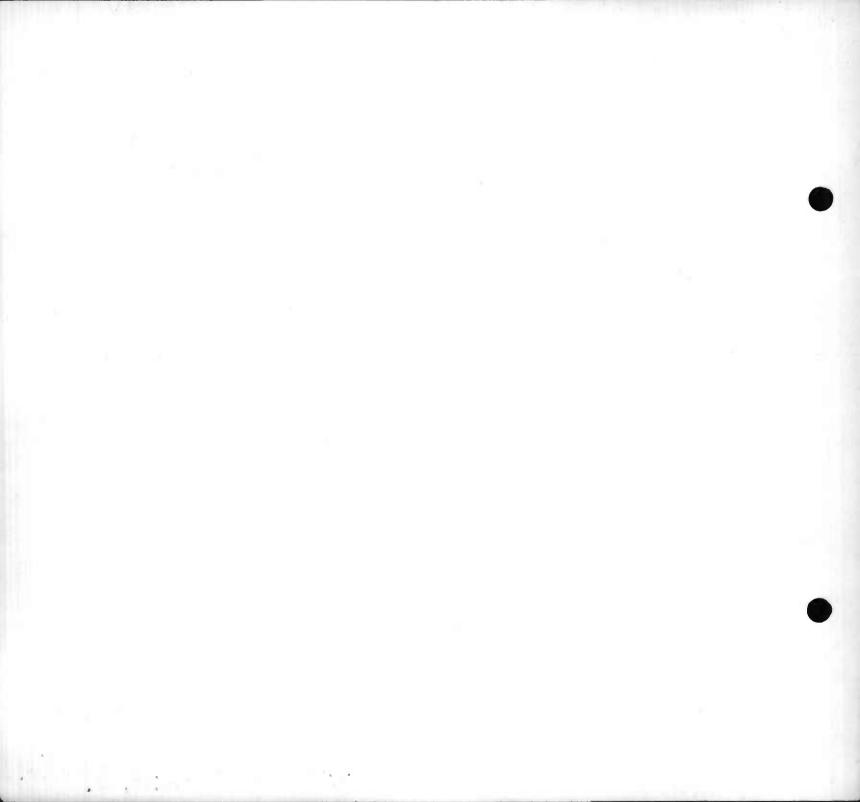
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Sp		0	Ce	0	
ho	Se	(5	0	Ö	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of d	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dece	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on	leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.	
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60	0	Pu		O	must be obtained before the remains are embalmed or final disposition is made.
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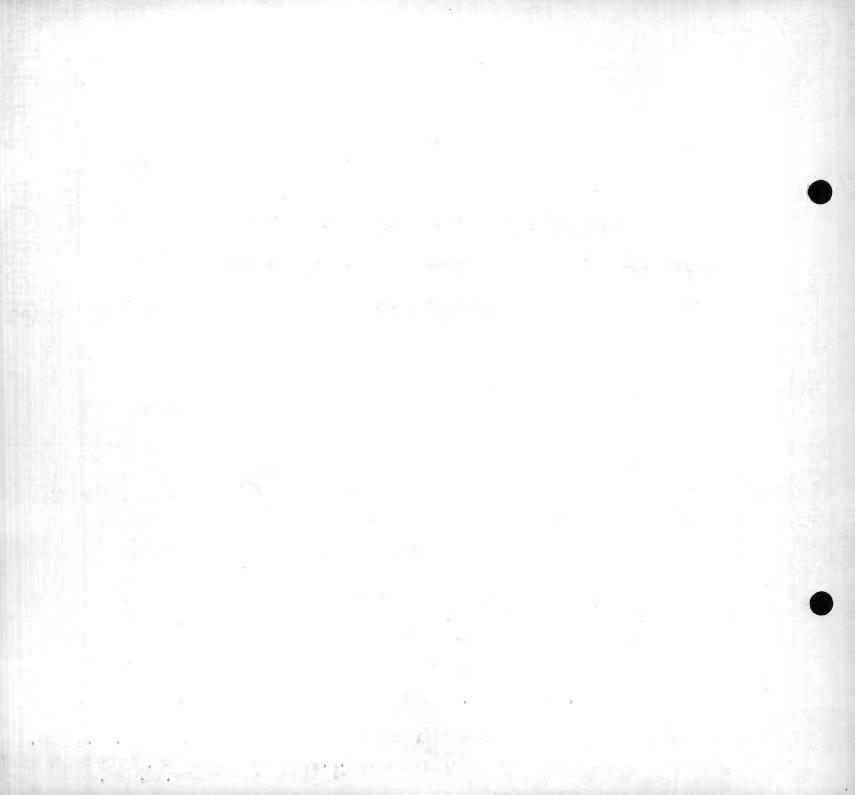
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 9:50 A.M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission D. INSIDE CITY LIMITS? YES T NO If Under 1 Yr. Manths! Days If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 3922 Cloverhill Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) ond that in(my) (opinion death occurred an the date 23 B. DATE SIGNED 100 W. Cold Spring Lane (City, town, or county) (State) D.C. Washington, ADDRES\$21212 nkins & Sons Co. York Road Balto., Co. VS 150-REV. 1/1/68







VS 150-REV. 1/174

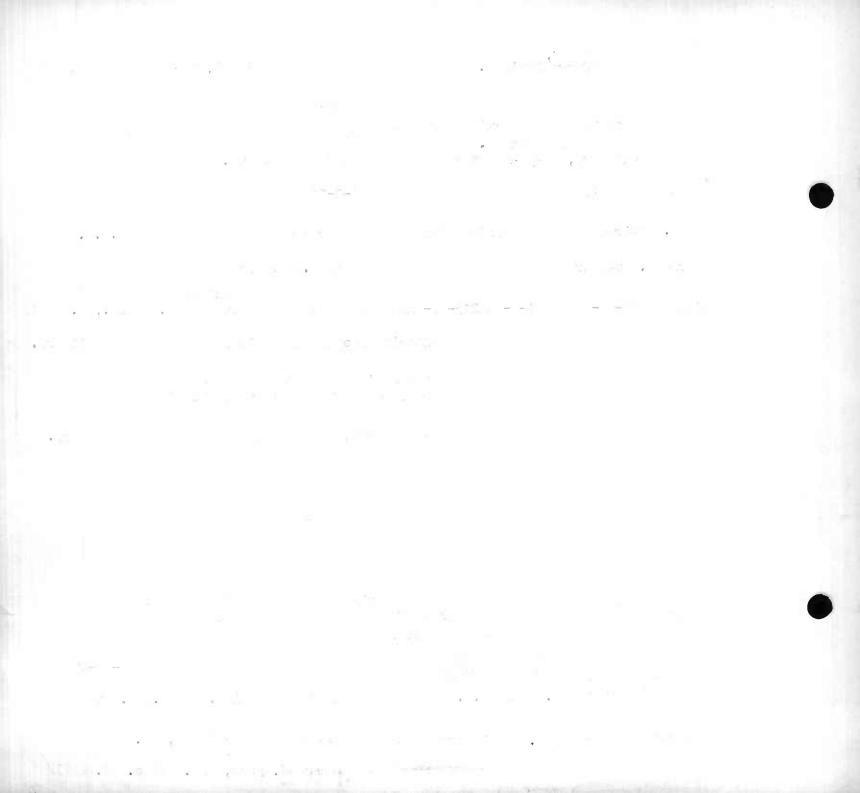
NAME OF STREET

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	68	9 40	BALTIMORE CIT	Y HEALTH DEPARTA	MENT	69	4025
BIRTH NO.	0(40	25 CERTIFICA	TE OF DEA	TH REG. N	o	4020
NAME OF DECE	EURAH	ATI	TINS	2. 1	April 17, 19		8:30 A.
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived	d. If institution; res	idence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN		. INSIDE CITY LIM	7-02
	MEMOR	TAL F	HOSPITAL	BALTIN	ORE	YES 📝	NO 🗌
44				2874 O	IMBER VERLAND AV	5. 212	12
F	RACE	WIDOWED		S. DATE OF BIRTH	9. AGE (In years lest birthdoy)		Yr. Il Under 24 Hrs Doys Hours Min.
10A. USUAL OCCUP	ATION (Give kind of work rking life, even if refired)	10B, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	to or (oreign country)	12. CITIZE	EN OF WHAT COUNTR
Houseu				Virginia		U	, S. A.
13. FATHER'S NAM				14. MOTHER'S MAI	DEN NAME		
WILLIAM	BROWN	Low	ATKINE	SELIN	A STONE	-THEF	7-
5. Was Doceased E	ver in U. S. Armod For 1 yes, give war or date	ces?	1 6. SOCIAL	17 INCORNANIT		STREE	ADDRESS
i No	t yes, give war or acto	s of service!	SECURITY NO.	Mrs	Mazel Hall	901. O7	- A - A
18.	0.		CAUSE OF DEAT		every 20	824 Overla	APPROXIMATE INTERVAL
X 60.	OR CONDITION DI	PECTLY	OTTOBE OF DEAT	••		88	TWEEN ONSET AND DEATH
L	EADING TO DEATH		ANNIH EDIATE CAL	ICE CONGE	STIVE HEAR	T Dil	15 mos.
(This does not	mean the mode of thenia, etc. It means	dying, e.g.,	DUE TO OB AC	A CONSEQUENCE OF:	STIPO TIOTAL	TAILUE	12 mes.
injury or compl	icalian which caused	death.)					
Al	ITECEDENT CAUSES		IN AN	SHIA		1	10 years
DISEASES OR	CONDITIONS, II	ony, giving		A CONSEQUENCE OF	F1		4
rise to the	obove couse IA) CONDITION lost	stoting the	(c)				
	11		(c)				
OTHER SIGNIFIC	II ANT CONDITIONS COI	NTRIBUTING					
◆C IDISEASE OF COL	BUT NOT RELATED TO THE	HE TERMINAL	******************	*************		***********************	
	PERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Y	os o No 208. IF YES, V	VERE FINDINGS OF DE	ONSIDERED
						GAUSES OF DE	:Ainf
OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF edicol oxomines	21 B. hom etc.	PLACE OF INJURY (e.g., e, form, foctory, street, c	n or obout 21 C. WHERI llice bldg., INJURY OC	E DID (II In Bo	litimore City, give	exoct locotion)
	Month) (Doy) (Yearl		INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?		
(APPROX)		Whi	ile Al Work	• 🗆			
22. 1 contifued	at (I) (this hospital		in — Al Holk	4-5	19 69 10	4-12	10 60
	st saw the decease		4 - 16 -	1969			
					ond that In (my) (our) opinion death	occurred on the date
23A. SIGNATURE	rom the couses stat	ed above. (I) (We) (did) (did not)	lew the body ofter	deoth.	1000 0 100	CICALPO
U.		-00	O' Du of Atte	nding Med.	C Shoff C	238, DATE	SIGNED
220 0114014	rang .	. coe	DEGREE Phy	s. Directo	Phys.	7 -	14-69
23C. PHYSICIAN NAME (Typ	al			23D. ADDRESS			
			DEGREE	UNION	MEMORIAL	HOSPI	TAL
24A. BURIAL CREMA	ATION, 248. DATE	24C. N/	ME of CEMETERY OF CR	MATORY	24D. LOCATION	(City, town, or	county) (Stotel
Burial	4/2169	Mar	ole Hill		Bluefield	Virgin	nia
25A. DATE REC'D B	HEALTH DEPT.	258 NAME C	F REGISTRAR	25C, FUNERAL D			ADDRESS
	APR 4 1 1969	100	6 29 IDO. Q.	Lepnand	J Ruck Inc. I	Baltimore	, Maryland
150-REV. 1/1/68					· · · · · · · · · · · · · · · · · · ·		

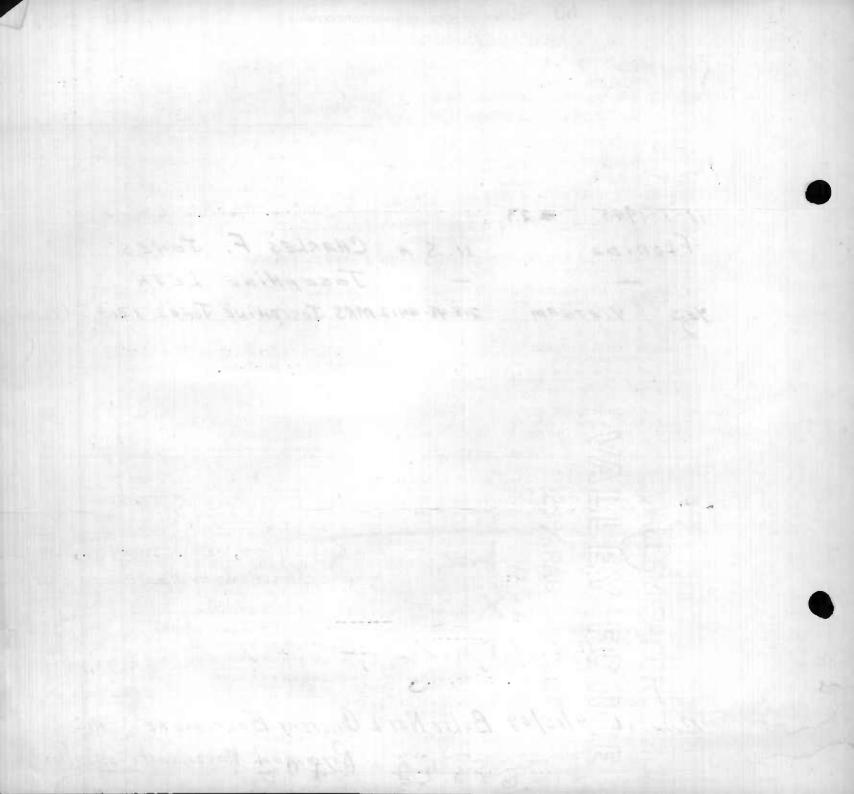


		69	41160	E CITY HEALTH DEPARTA		CO	4026
BIRTH			CERTIF	ICATE OF DEA	TH REG. NO.	69_	4020
(Туре	ME OF DECEASED M	weller, L	ouis A.		April 17, 196	59	8:00 P
3. PL A	ACE IN BALTIMORE, J	MARYLAND, WH	IERE PRONOUNCED DEAD	4. USUAL RESIDEN	CE IWhere deceased lived. B. COUNTY	Il institution: res	idence before odmissie
HOSP	NAME OF (IF N ITAL OR ADD FUTION Veters	oress or locat	or institution, give streition) istration Hospit	C. CIT OK TOWN		INSIDE CITY LIM	6 - 41 MTS?
-		Loch Rave	The state of the s	Baltimore		YES X	NO 🗌
d			yland 21218	4308 LaSa			
	ale Wh	nite	• MARRIED NEVER MARRIE WIDOWED DIVORCE	D 74 1-1-11	9. AGE (In years lost birthdoy) 58	Months C	Yr. II Under 24 H Poys Hours Min.
done di	SUAL OCCUPATION (uring most of working life nst. Retired	, even it relired)	Construction	USTRY 11. BIRTHPLACE (Stot			N OF WHAT COUNT
13. FA	THER'S NAME			14. MOTHER'S MAI			
	orge A. Muel			Mary E. H	lermann		
15. We (Yes, no	s Deceased Ever in U	. S. Armed Force	of service) 1 6. SOCIAL SECURITY NO.	17- INFORMANT	Records		ADDRESS
Ye		4-42 to 1	1-2-45 213-05-64		Loch Raven Bly	vd. Balto	.,Md. 21218
he in	his does not mean part failure, astherio, jury or complication ANTECED ISEASES OR CONE te to the above NDERLYING CONDI	elc. II means the which coused dependent CAUSES DITIONS, II and couse (A) s	me disease, Lae eoth.) Met (B) DUE TO,	or as a consequence of: nnec's Cirrhosi astatic infiltr or as a consequence of nocarcinoma of	s and probable ation of the		8 Yrs.
ATIO	THER SIGNIFICANT CO THE DEATH BUT NO SEASE OR CONDITION	RELATED TO THE	TERMINAL	20A. AUTOPSY? (Y	as Nall 208 to one the	as shiphios o	
21/		WAS PERFO	RMED	No	IN CERTIFYING	CAUSES OF DE	ATH?
A DE	A. ACCIDENT WAS USECONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF	home, form, foctory, sh	(e.g., in or ebout 21 C. WHERE eet, office bldg., INJURY OC	CUR? (If In Bolti	more City, give	exoct focation)
₩ OF	POTIME (Month) INJURY PPROXI	(Doy) (Yeor)		D 21F. HOW	DID INJURY OCCUR?		
22.	I certify that 仏() (ot (称 (we) last saw	this hospital) the deceased	ottended the deceosed from alive on April	400	19 69 to 10 ond that in (A) (aur)	April 17 opinian deoth	19 69
		couses stotes	bove. (# (We) (did) (did)				
	A. SIGNATURE	2	Isma M.D. DEGRE		r Staff 3	238. DATE 4-	17-69
	Hard to the second	lliam B.	THE STATE OF THE S	FGREE	aven Bavd. Bal	Lto.,Md.	21218
24A. B	URIAL CREMATION, EMOVAL (Specify)	24B. DATE	24C. NAME el CEMETERY	OF CREMATORY	24D. LOCATION	(City, town, or o	county) (Stote)
						W 14 T	
E	Burial	4/21/69	Baltimore Nat	ional Cemetery	Baltimore	e, Md.	ADDRESS



MEDICAL EXAMINER'S CERTIFICATE OF DEATH .

BIRTH NO.	REG. NO
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) Nathan Jones	OF DEATH Estimated 1 4 13 1969 12:55 AM
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 4 13 1969 12:55 AM 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
3 / City Hospital	A. STATE Maryland B. COUNTY 26-36
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY MMITS?
Male White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	
11-1-1945 last birthday) 23 Manths, Days, Haurs, Min.	1313 S. Clinton Street
11. BIRTHPLACE (State ar fareign cauntry) 12. CITIZEN OF	13. FATHER'S NAME
FLORIDA WHAT COUNTRY?	CHARLES F. JONES
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY	
dane during mast of warking life, even if retired)	T-===46:15 /5T6
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO.	
YES VIETNAM 218-48-4412	
19. 3 45 V CAUSE OF DEA	TH BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Second	and third dorman human of majority
LEADING TO BEATH	and third degree burns of majority
(This does not mean the made of dying, e.g., DUETO, OR,	AS A CONSEQUENCE OF: SURFACE.
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
ANITECED FAIT CALIFEC	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	sy ,
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS PERFORMED 21. AUTOPSY? (Yes ar No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No) yes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	AS PERFORMED 21. AUTOPSY? (Yes ar Na) yes in or about 22C. WHERE DID (if in Baltimare City, give exact lacation)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., home, farm, factory, street, office.	AS PERFORMED 21. AUTOPSY? (Yes or No) yes
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. LINING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 Certify that I held an Inquiry Inspection Auresulted from: Natural causes WHILE AT NOT AT YOUR ACTUAL SIGNATURE EXAMINER NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24B. PLACE OF INJURY (e.g., home, farm, factory, street, office with the properties of the properties	AS PERFORMED 21. AUTOPSY? (Yes or No) yes



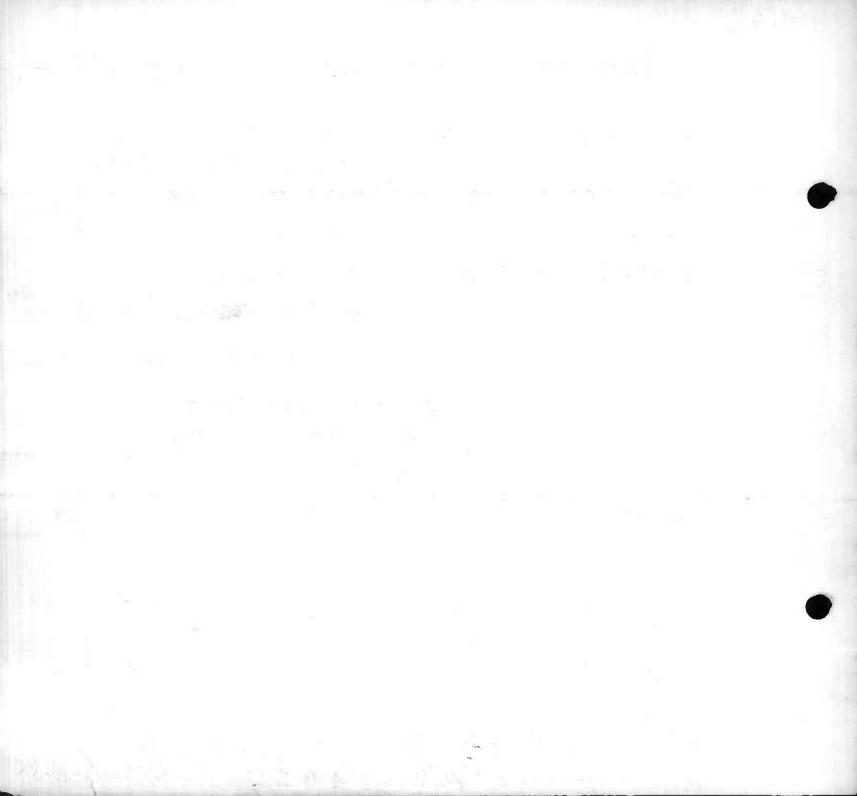
69 4028 BALTIMORE CITY HEALTH DEPARTMENT

IFICATE OF DEATH REG NO.

MEDICAL EXAMINER'S CERTIFICATE OF DE	ATH REG. NO. 69 4028
1. NAME OF DECEASED	ril 14, 1969 Year Haur 11:40 P.
HOSPITAL ADDRESS OR LOCATION)	oril 14, 1969 11:40 P _{M.}
Apt.E 4417 Colmar Garden Drive (DOA) S. USUAL RESIDENCE (Where deceed A. STATE Maryland	B. COUNTY Description: residence before admission) B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN Baltimore	D. INSIDE CITY LIMITS? YES NO NO
9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 4/25/1925 Instituted on the Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 44/17 Colman Garden	
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY? 14. S. A. HAROLD JAMI	ESON
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 13. MOTHER'S MAIDEN NAME done during most of working life, even if refired) ASS: T MER. LUNKNOWN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) NO 18. INFORMANT SECURITY NO. 18. INFORMANT SECURITY NO. 18. INFORMANT SECURITY NO.	NHARDT 4417 DRIVE APT.E
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart follure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	cular Disease
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes ar No) yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in ar about hame, form, factory, street, affice bidg., etc.) INJURY OCCUR? 22D. TIME (Manth) (Doy) (Year) (Hour) (Hour) WHILE AT NOT WHILE AT WORK 23. I certify that I held an Inquiry Inspection Autopsy Accident Suicide Hamicide Under CHIEF MEDICAL EXAMI ASSISTANT MEDICAL EXAMI ASSISTANT MEDICAL EXAMI ASSISTANT MEDICAL EXAMI ASSOCIATE MEDICAL EXAMI NAME (Type) Ronald N. Kornblum, M.D.	OCCUR? asis, death in my opinian termined manner NER DATE SIGNED NER XX
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCA REMOVAL (Specify) 4/18/1969 ROSPECT HILL CEMETERY GILD 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR 25D. NAME OF REGISTRAR	ERMAN NEW YORK
APR 23 1969 DO 6-0 FORMA RAYMOND L. A	ACZOROWSKI 2525 FLEET ST.

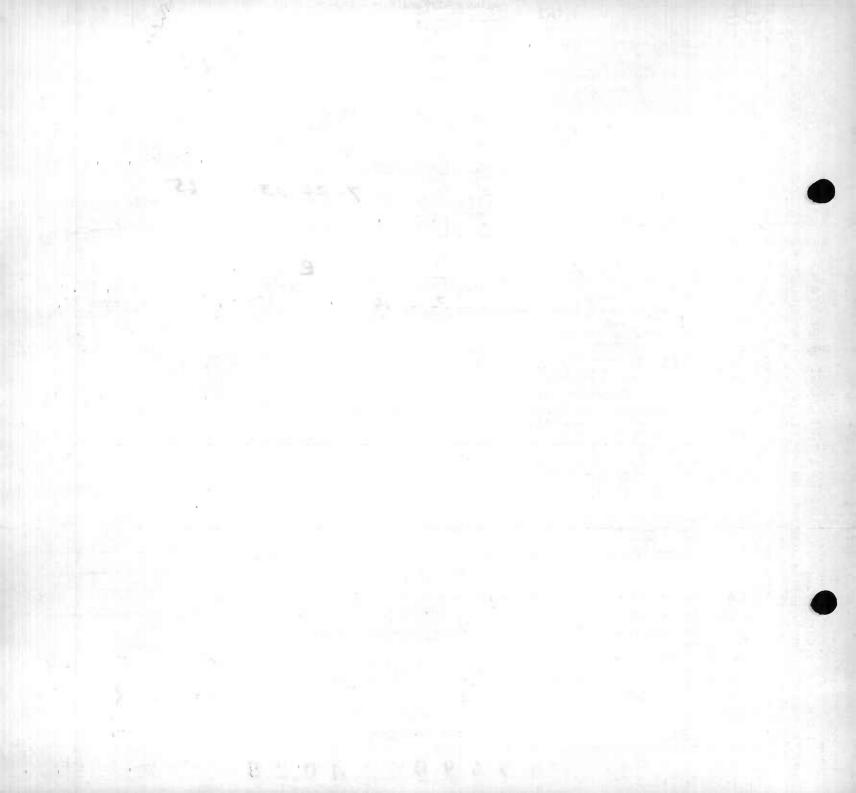
4/25/1925 us s. A. Herola Jamis sent ARRY MER Colones April UNIVERSINA NO 114-19-0941 THE STANLEY REINHARDT 4417 SOLD WITE Bureace Horford Prespect Hold Constant Silver was NEW Roymore L. Kicecowski 2525 Mest St

VS 150-REV. 1/1/68



629 96 7

VS 150-REV. 1/1/68



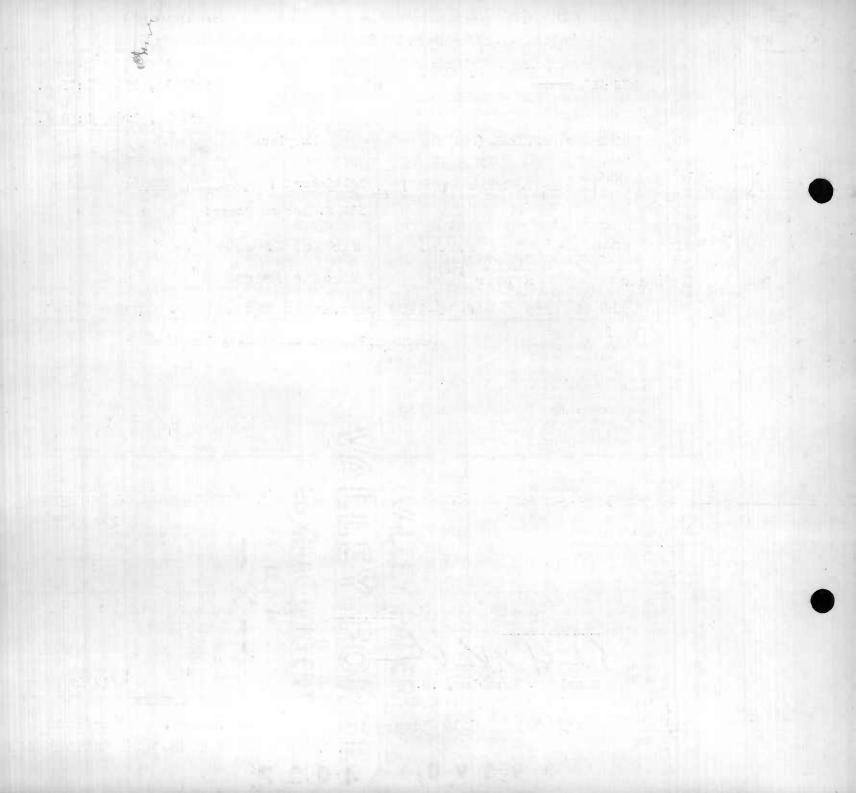
FUNERAL DIRECTOR: IMPORTANT

S-166 69 4032 BALTIMORE CIT	Y HEALTH DEPARTMENT
	ATE OF DEATH X REG. NO. 69 4032
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
SPURKTER, ETHEL MAE	APRIL 17, 1969 3:30 R
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where doceased lived, If institution; residence before admission A. STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALLOCO. 53-02
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ST AGNES HOSPITAL	OWINGS MILLS YES NO
10	26 MILLGATE ROAD 21117
5. SEX 6. RACE 7. MARRIED 7 NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years Under 1 Yr. Hader 24 Miles
FEMALE WHITE WIDOWED DIVORCED	08 02 02 lost birthdoyl Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUGELHEE	MARYLAND USA
HOUSEWIFE 13. FATHER'S NAME EDWARD	14. MOTHER'S MAIDEN NAME SARAH
WAXXXXX MARRIOTT	XXXXXX EAST
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
NO NONE	CT ACMES DECODDS BALTIMODE MADVLAND
18. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	185 Vince Hear & Facture
LEADING TO DEATH	USE THE FLOW OF ALLUNC
hearl failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:
injury ar complication which caused death.)	
ANTECEDENT CAUSES (8) ACT ACT	485 Cloud is
rise to the above cause (A) stating the	S A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
z II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street	in or about 21 C. WHERE DID. III In Bullyness City of the
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At No! Whi	le 🗌
22. 1 certify that (IX(this hospital) attended the deceased framA	
that XI) (we) last saw the deceased alive an APRIL 17	1969 and that In (My) (our) apinian death accurred an the daf
and haur and from the causes stated above. (N (We) (did) (Nakat)	, , , , , , , , , , , , , , , , , , , ,
23A. SIGNATURE	23B, DATE/SIGNED
	ending Med. Stoff Dr
23C.PHYSICIAM'S NAME (Type)	23D. ADDRESS
JAMES G. KANE JR. M.D.	ST AGNES HOSP.BALTO MD 21229
DEGREE	EMATORY 24D. LOCATION (City, lown, or county) (State)
Burial 4-21-69 Loudon Park Ceme	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
APR # 1 1969 (10 0 24 FORM)	Howard H. Hubbard 4107 Wilkens Ave. 21229
/\$ 150-REV ₀ 1/1/68	



69 4033

RII	RTH NO.		MEL	JICAI	. E)	KAMINER 3 C	EKIIFIG	LATEC	IF DE	AIH REG. N	10		
1. NAME OF DECEASED MITCHART T TOMM						2. DATE	Known 🗍	Mont	th Doy	Yeor	Hour	_	
(Type or Print) MICHAEL ************************************						OF	Estimoted		April 18				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Mont		Yeor		1 . M.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET						PRONOL	NCED DEAD		Appet 1 19	8. 1969	2.2/. 4		
	SPITAL INSTITUTION	ADDRE	SS OR LOCA	(HON)			5. USUAL RI	SIDENCE (W	here deceo	April 18	_		on)
	CHURCH	HOME A	AND HO	SPITA	L ((DOA)	A. STATE	Maryla		B. COUNT		03	
	SEX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDI	E CITY LIMITS	5?	
M	ale	White	2	WIDOV	VED [DIVORCED [Balti	more			YES	NO 🗌	Le.
9.	DATE OF BIRTH	1	10. AGE (I			nder 1 Yr, If Under 24 Hrs. hs Dovs Hours Min.	E. STREET A	ND NUMBER					
	3/6/05		TOS: DITTING	64	1	1	512 S	. Durha	m Stre	eet			
11.	BIRTHPLACE (S	tote or foreig	n country)			ITIZEN OF	13. FATHER	SNAME					
J	Pennsyl	vania			\ \	VHAT COUNTRY?	Mich	nael J.	Kot	t			
144	USUAL OCCU	PATION (Give	kind of work	14B. ₩IŅI	QF E	BUSINESS OR INDUSTRY				-			
don	25 2		en if retired)	Rep		77.	Ross	alie Je	drna				
16.	WAS DECEASE		U.S. ARMEI			17. SOCIAL	18. INFORM		- CL		ADDRESS		
(Ye	yes	(If yes give }	or or dotes	of service) 21	6-10-9209	Mrs F	Telen I	Cott.	512 S.	Durha	m Stree	et
-	19.	1 7 6 0	,0 1).			CAUSE OF DEA		ICTCII I	10009	712 20	2011110	APPROXIMATE INTE	
	410	1,41								-ular di	BE	TWEEN ONSET AND	D DEATH
		OR COND		CTLY		Arterio	sclerot	ic card	lovas	cular dis	sease		
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	heort foilure,	osthenio, etc.	It meons the	e diseose,		DUE TO, OK A	AS A CONSEQ	UENCE OF:					
	injury or com	ipiiconon wine	ii coosea de	o,									
	AN	NTECEDENT	CAUSES			(B)							
	DISEASES C	ABOVE CAL	DNS, IF AN	Y, GIVING		DUE TO, OR	AS A CONSEC	QUENCE OF:					
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CERTIFICATION			II			(-,,							
X		IFICANT CON	IDITIONS C										
딾		CONDITION											
ERT	20 A. DATE OF	OPERATION	20B. CO	NDITION	FOR	WHICH OPERATION WA	S PERFORM	ED			21. AU	TOPSY? (Yes or	No)
Ö	2										v	res	
¥	22A. EXTERI	NAL CAUSE	WAS		22B. P	PLACE OF INJURY (e.g.,	in or obout 2	2C. WHERE D	ID (If in Bo	Îtimore City, give			
EDIC	UNDERLYING				home	, form, foctory, street, office	e bldg., etc.) II	AJURY OCCU	R?				
ME	UTING CA		oy) {Yea	r) (Hou	r) 22	ZE.INJURY OCCURRED	2	2F. HOW DID	INJURY O	OCCUR?			-
	OF INJURY (APPROX.)	, ,	.,,	, (W	HILE AT NOT	WHILE						
	23.				m. W	ORK AT W	ORK						
		ify that I h	eld an I	Inquiry		Inspection Au	topsy 🗓	and that a	n this ba	sis, deoth in	my aninian		
								miclde		ermined monn			
	result	ed from: N	atural cou	ises kr	- A	ccident Suicid					er 🔲		
	ACTUAL	/	1. 1	/ /	11	/1/		HIEF MEDIC				DATE SIGN	ED
	SIGNATU	JRE	my	1 1	1/6	M.D	ASSI	STANT MEDIC	AL EXAMI	VER X			
	EXAMINI NAME (T	K (onald	N. Ko	rnb	lum,M.D.	ASSO	CIATE MEDIC				18/69	
24	A. BURIAL CREA MOVAL (Specif	MATION, 2	4B. DATE		24	C. NAME of CEMETERY	or CREMATO	RY 2	4D. LOCA	LION XCXXX	town &r coun	ity) (Stote)
^6	Burial		4/21	169		Holy Rosar	V		Bal	timore,	Ma	aryland	
25	A. DATE REC'D		DEPT.	25B. M		OF REGISTRAR	25C. I	UNERAL DIR					
		6869	1000	100	0	0 T. 0	M.F	.SADOW	SKI	& SONS,	1808	EASTERN	V AVE
		APK & J	1969	Viol	200	Go Jankey MA		2 0					
٧S	151-REV. 1/1/6B		- 1	1	V	70	1 6	0 4	-		1		



There selvies Stationary Stone

Velentine Goes

Perintiana Alessen

Austral Angil 19, 1969 Inditione Smalery Indianae, maylond

NAME (Type) 24A BURIAL CREMATION, REMOVAL (Specify)

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

4035 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

68	9 4	035

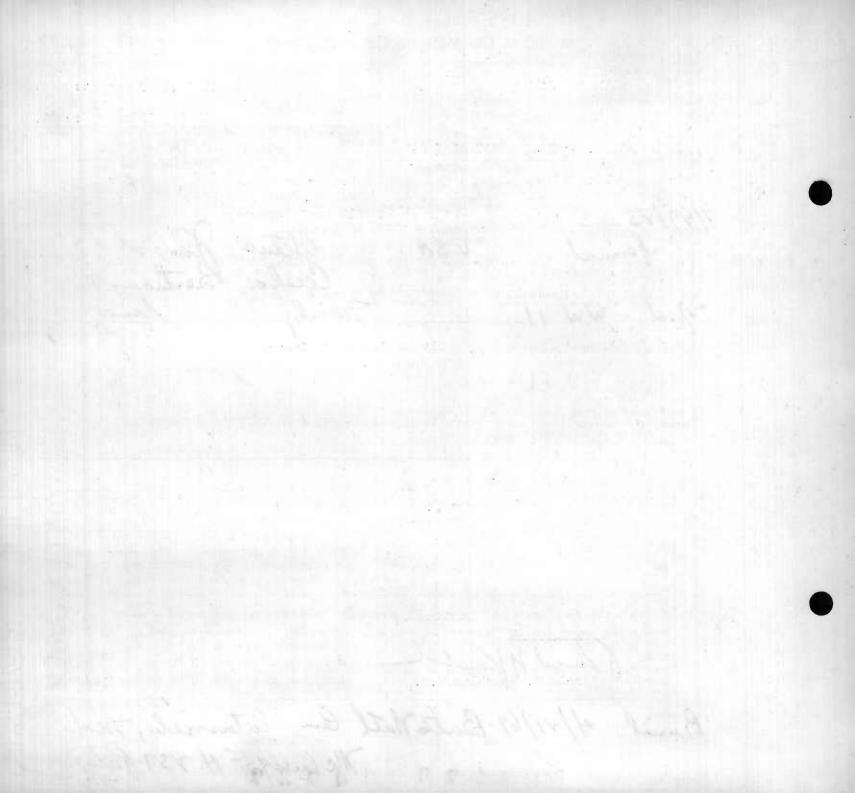
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Manth Day Year Hour
(Type or Print) RAYMOND JAMES	OF DEATH Estimated April 18,1969 6:00 A.M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD April 18, 1969 6:00 A.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
SOUTH BALTO. GENERAL HOSPITAL (DOA)	Maryland AACA, 52-06
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED □ DIVORCED □	Baltimore YES NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr.	s. E. STREET AND NUMBER
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr. 11. 12. Manths Days Haurs Mir. 12. Manths Days Haurs Mir. 13. Mir. Manths Days Haurs Mir. 14. Manths Days Haurs Mir. 14. Manths Days Haurs Mir. 15. Manths Days Haurs Mir. 16. Manths Days Haurs Mir. 17. Manths Days Haurs Mir. 18. Manths Days Haurs Mir. 19. Manths Days Mir. 19. Mir. Mir. 19. Mir. Mir. 19. Mir. Mir. Mir. Mir. Mir. Mir. 19. Mir. Mir. Mir. Mir. Mir. Mir. 19. Mir. Mir. Mir. Mir. Mir. Mir. Mir. 19. Mir. Mir.	112 Doris Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	altus Aman
4A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDEN NAME
done during most of warking life, even if retired)	Carolin Bart
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes no drunknawn) (If yes, give war ar lates af service) SECURITY NO.	3 - 1
19/1 CAUSE OF DE	ATH CAPPROXIMATE INTERVAL
1398 X I	BETWEEN ONSET AND DEAT
2.027.02 011 00.1211101.121111	ic Heart Disease
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury ar complication which caused death.)	R AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (R)	
	R AS A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OF CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	MAS DEPENDING TO THE PROPERTY OF THE PROPERTY
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED 21. AUTOPSY? (Yes ar No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, factory, street, off UTING CAUSE OF DEATH.	i., in ar about 22C. WHERE DID (If in 8altimore City, give exoct lacation) fice bldg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
[/ADDROV \] WHILE AT [] F NC	WORK
23.	
I certify that I held an Inquiry Inspection X A	utopsy and that an this basis, death in my apinion
resulted from: Natural causes X Accident Suic	ide Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL / / /	ASSISTANT MEDICAL EXAMINED THE
	.b
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 4/18/69

24C. NAME of CEMETERY or CREMATORY

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

24D. LOCATION

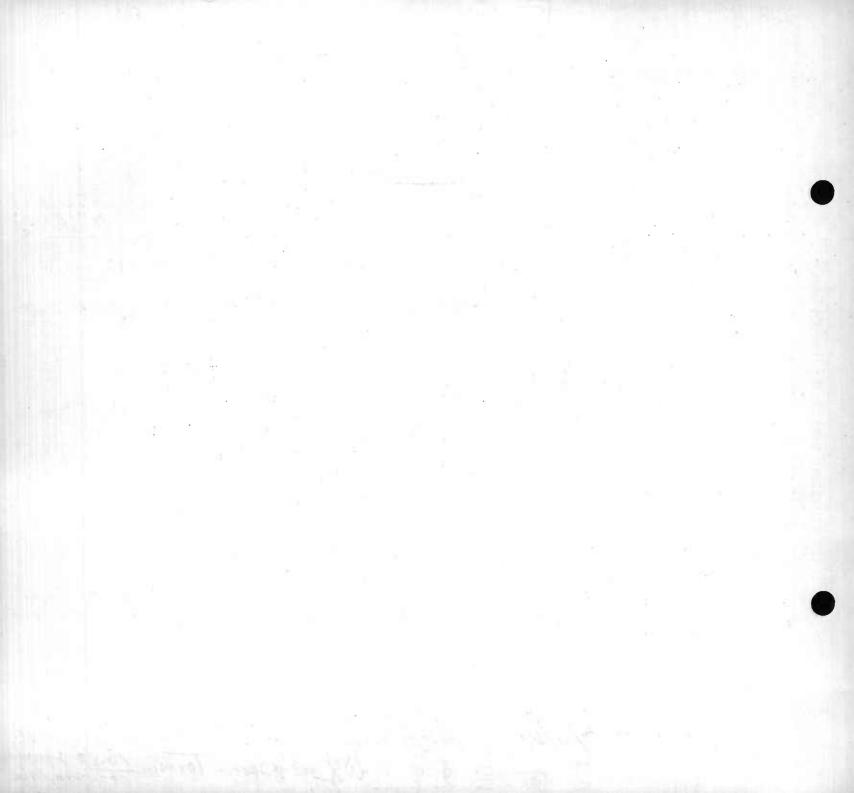


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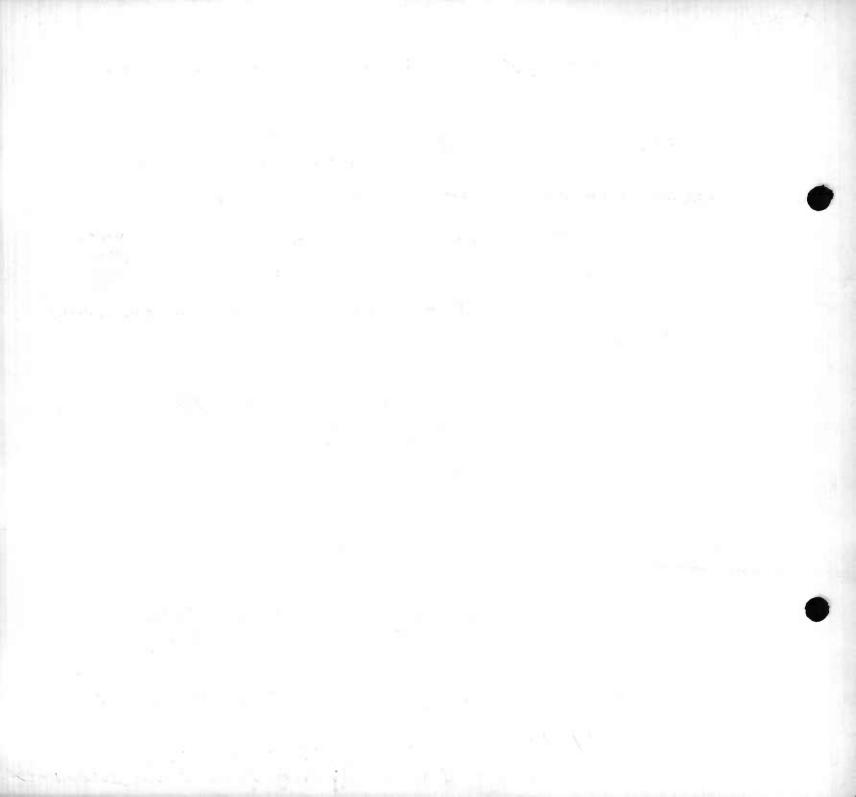
Hours

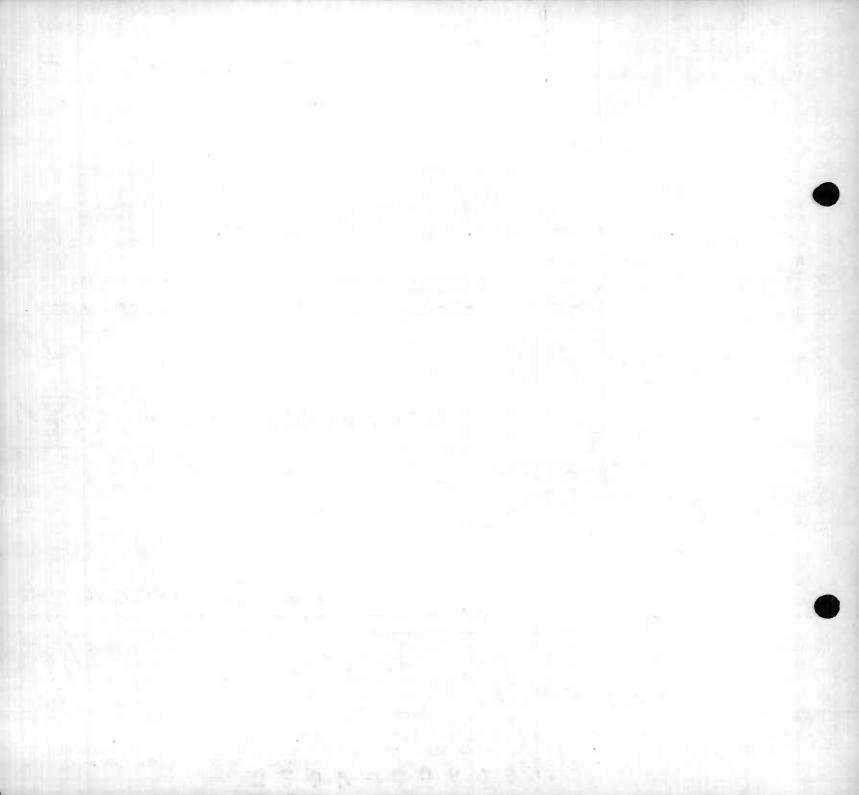
II Under 24 Hrs.

196.7



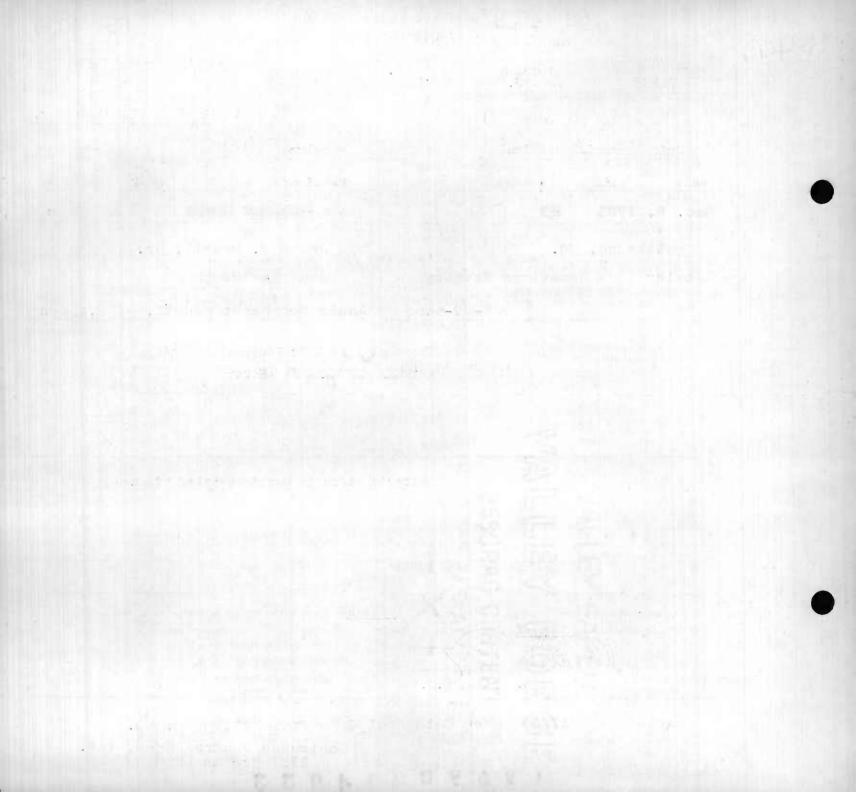
N	1-51/6	69 4037 BALTIMORE CITY HEALTH DEPARTMENT
1.	مع مع م	BIRTH NO. 69 4037 CERTIFICATE OF DEATH REG. NO. 89 4037
	an eat ase th th	I.NAME OF DECEASED
	of do on of do on of do on	4.16.67 4.00 0. M
	5 0 0	A. STATE B. COUNTY
	a hose cause se; (5) andanc to de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) [INSTITUTION D. INSIDE CITY LIMITS? C. CITY OR TOWN D. INSIDE CITY LIMITS?
		35 Church Home & Coffice STREET AND NUMBER
	outing ed cau at att prior brior de.	- 1228 Forest Kar
	= 4 = - 7 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months! Doys Hours: Min.
	occu ontri ermi regu regu sasec	10A USUAL OCCUPATION (SIN FIRST WIDOWED) W DIVORCED
	det det	dane during most of warking life, even if religid) 12. CITIZEN OF WHAT COUNTRY?
	A C C C C C C C C C C C C C C C C C C C	13. FATHER'S NAME
	direct of (4) Unit (4	UNK
A		15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service) 16. SOCIAL SECURITY NO.
RT	the the kind dear	UNK CHURCH HOME + HOSPITAL - BALTO, Md
Ō	if any ced	CAUSE OF DEATH APPROXIMATE INTERVAL
MPORTAN	of of of ter	DISEASE OF CONDITION DIRECTLY
_		(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE CLEVAL VO culon 2 close of DUE TO, OR AS A CONSEQUENCE OF:
OR:	Par co	LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenio, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Old Cerebrovance of Sylvance Sylvanc
CTO	mim fro ho egu	ANTECEDENT CAUSES (8) Plad Cereprovances on 5 4 cm
	X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving ise to the above couse (A) stating the
DIR	al (3	UNDERLYING CONDITION lost. (c) ALCUD.
3	medical edical burns; hysicic n was remair	Z CTUS CONTROL
RA	Physical Party of the Party of	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 19A-DATE OF OPERATION 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNER	chief by a n Body the F hysicic	194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 204-AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by Ph	The Contract of the Contract o
	spital ure; (whe	DEATH (notify medical examine) etc.)
	hosp natu ept d (6)	[[Vbbb(X]] [Activitie []]
	proved the hony ny nat except and (6	22 1 - 45 - 4 - 42 / 44 1 - 4 12 - 4
	0 00	that (1) (we) last saw the deceased alive an Party To and that in (my) (aur) opinion death accurred an the date
	0057	and have and from the causes stated above. (1) (Me) (did) (did not) view the bady after death. 4.16.69
	S B S P L	23A. SIGNATURE 23B. DATE SIGNED
	E + 5 - 5 - 5	Hedding Phys. Because Phys. Director Phys. 4.16.69
	0 - 8 >	23C. PHYSICIAN'S NAME (Type) Albert Malum 1202 St. Paul Kief
	certificat sody was rs: (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) (Stote)
	ws: 0.0	RITOT WI
	This certification of the body shows: (1) was D.O. deceased written a	25A, DATE REC'D BY HEALTH DEPT. DSR NAME OF REGISTRAN
		APR 2 1969 (2 5 Ender W. BROOKS BRADLEY, BUNDALK MD. & VA
		VS 150-REV. 1/1/68





69 4039

RID	TH NO.		WED	ICAL	EX	AMINER 3 C	EK I IFI	CATE OF	DEATI	REG. NO.			
-	NAME OF DEC	EASED	To	seph		JR.	2. DATE	Known 🔲	Month	Day	Yeor	Hour	
	e or Prijame		50	J.		NEWELL	OF DEATH	Estimated X					M.
	PLACE IN BALT						3. DATE	UNCED DEAD	Manth	Doy	Year	Haur	
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA SS OR LOCAT	LORINSTI	AOITUTI	I, GIVE STREET		ESIDENCE (Whe	April		1969	4:46	M.
4	4 Union	Memori	ial Hos	pital			A. STATE	ryland	21218	B. COUNTY	12	,-0	13
6. 5		7. RACE			-	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CIT	Y LIMITS?		
n	nale	white	2	WIDOW	ED 🗌	DIVORCED 🗌		ltimore		YE	s X	NO 🗆	
	ec. 8,		lost birthday	years		Pr. If Under 24 Hrs. Days Haurs Min.		AND NUMBER					
_			-		O CIT	750105		1 Ilches	ter Aver	iue			
III.	BIRTHPLACE (S					IZEN OF IAT COUNTRY?	13. FATHER						
140	Balt1	more,	Md.	AR KIND	OE BII	SINESS OR INDUSTRY	15 MOTH	James J		11, Sr	•		
done	during most of w	arking life, ev	en if retired)			ewery	13. MOTH	Anna Ka		h			
-							18. INFOR	MANT		AD	DRESS		
(Yes	no or unknown)	(It yes, give w	vor ar dates	of service) 2	16-	SECURITY NO. 09-6665	Anni	e Gernh	ardt N	ewell.	wife	abo	ve
	19.//>	9.				CAUSE OF DEA					APP	ROXIMATE IN	NTERVAL
	DISEASI	OR COND	ITION DIREC	CTLY		Threamh		. T . C . T	1	1 1			
		LEADING TO				(A)IMMEDIATE C		Left In	cernal (orotia	-		
	heart failure,	at mean the asthenia, etc plication which	. It meons the	diseose,		(XXXXXXXXXX	(SXAXQQXXEX	NHXXMX	Artery				
		NTECEDENT OR CONDITIE		GIVING		(B)DUE TO, OR	AS A CONSE	QUENCE OF:		~~~~~			
	RISE TO THE	ABOVE CAL	USE (A) STA1	ING THE			3	1 37 0	ā,				
Z	O NO ENETTI		The state of the s			(C)							
CERTIFICATION	OTHER SIGN	IFICANT CON	II IDITIONS CO	ONTRIBUT	ING	,			*				
은	TO THE DEA	TH BUT NOT	RELATED TO	THE TERMI		Arter	loscler	otic Car	diovascu	ılar Dis	ease		
RTI					FOR W	HICH OPERATION WA	S PERFOR	MED			21. AUTO	PSY? (Yes	or No)
Ö	1)											Yes	
SE	22A. EXTERI	NAL CAUSE		Î	22B. PL	ACE OF INJURY (e.g., orm, factory, street, affic	in or obout e bldg., etc.)	22C. WHERE DIE	(If in Boltimar	e City, give exo	ct locotion)		
MED	UTING CA	USE OF DEA	TH.		Vices	hall the and all the and		225 110111010	ALLIEN OCCI	100		- //	
2	OF INJURY (APPROX.)	(Manth) (D	Day) (Year		WH		WHILE [22F. HOW DID I	NJURY OCCU	JR?			
	23.				m. WO	AI W	ORK [
	1 cert	ify that I h	eld on I	nquiry []	nspection Au	topsy XX	ond that on	this bosis,	death in my	opinian		
	result	ed from: N	oturol cou	ses K	Acc	rident Suicid	le 🗌 H	omicide 🔲		ed monner			
		linn	0 00	1	71	1		CHIEF MEDICAL	EXAMINER			DATE SIG	NED
	ACTUAL SIGNATI	JRE LUCE	7100	n	1/1	M.D	. ASS	ISTANT MEDICA	LEXAMINER			4/15	
	EXAMINE (T		Werner	U. 6	pit	z, M.D.	ASS	OCIATE MEDICA	LEXAMINER			4/13	707
24. PE	A. BURIAL CREA	MATION, 2	24B. DATE	14	24C.	NAME of CEMETERY	or CREMAT	ORY 241	LOCATION	(City, tawn	, or county)	(Sto	ote)
	Buria	3.1	4/17/			w Cathedra				ore, M			
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	AME O	F REGISTRAR	25C.	FUNERAL DIRECT	Funer	al Hon	DDRESS Ir	ic.	
		app s	1 1903	100	2 5	- E Farbeys	A		Brehms				
VS	151-REV. 1/1/68	1		- 4	5	9 () 1	OA	0 3	4.5				





DIRECTOR:

VS 150-REV. 1/1/68

12:15

NO

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

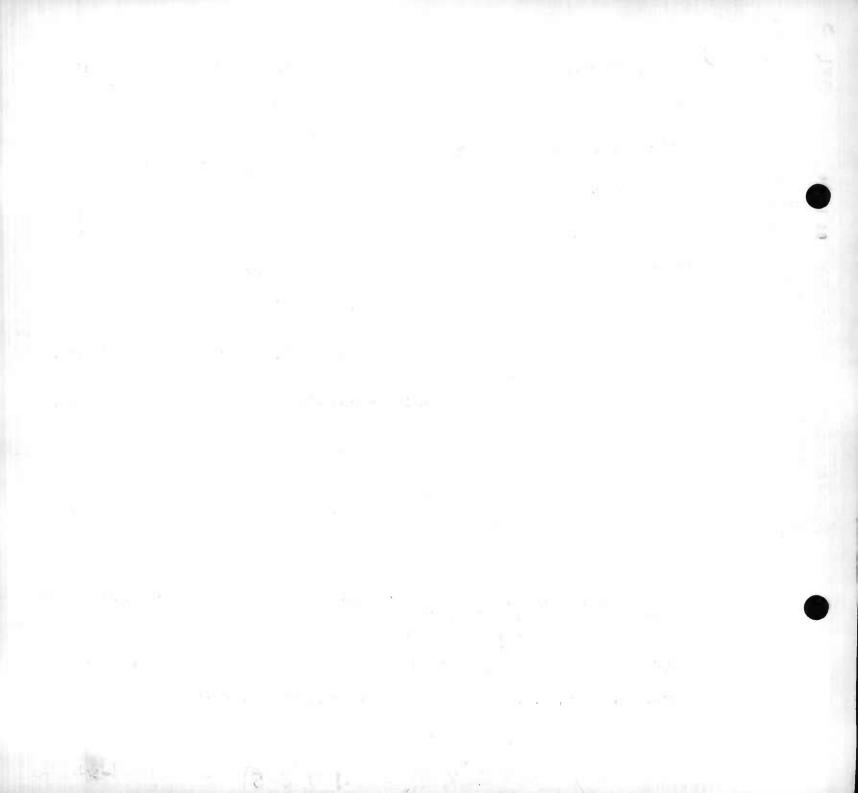
40 hrs.

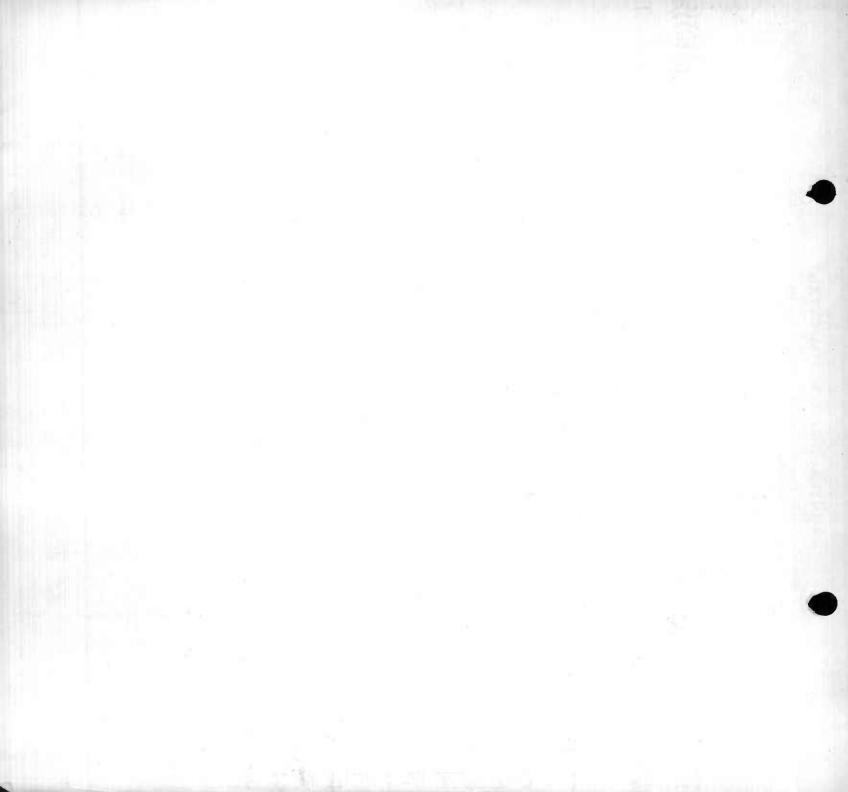
43 yrs.

NO

(Stote)

ADDRESS

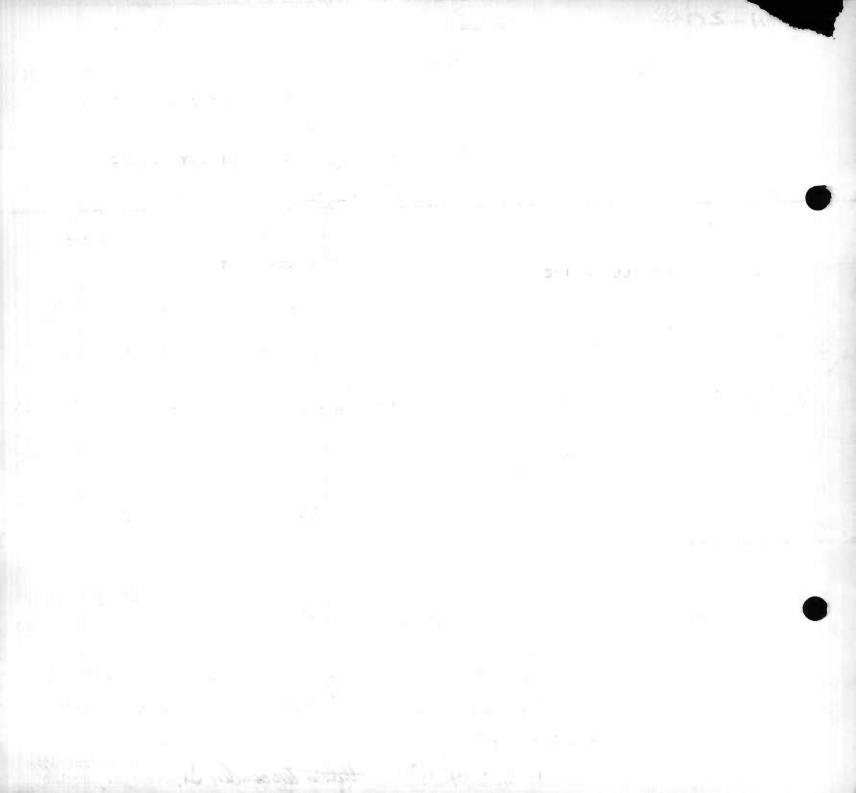




11	1 1	69 4043 BALTIMORE CITY HEALTH DEPARTMENT
11	and eath ased the Such	BIRTH NO. 6902899 CERTIFICATE OF DEATH
	of death of death Deceased te on the ath. Such	1. NAME OF DECEASED WENDY M. NORFOLK 2. DATE AND HOUR OF DEATH & -18-69 8 A.
	ath of the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived, If institution: residence before admission A. STATE B. COUNTY
	N O	FULL NAME OF JIF NOT IN HOSPITAL OF INSTITUTION CIVE STREET MARY AND 14-02
	cause; (5)	D. INSIDE CITY LIMBS?
	ting cause; d cause; r attend prior to	BY M = 1 / YES LY NO
		MERCY HOSP. 1118 KIVERSIDE HUE
	trib min gul	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 28. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 His. Months Days Hours Min.
	con con leterin n re ecedi	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)
	Pour S Pit	INFANT - BALTIMORE USA
	if dect way	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
Z		15. Wes Deceased Ever in U. S. Armed Forces? (Yes no or unknown) If yes to the words delens? ADDRESS ADDRESS
IMPORTAN	ssista the the dea dea final	(Yes, no or unknown) (If yes, give wor or dales of service) 10. SOCIAL SECURITY NO.
O	s a if any any or or	18. 7 4 6 9 1 CAUSE OF DEATH
\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{	E 0 4 E 0 D	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE CONGRESSIVE heart far high
ä		IThis does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)
TOR		ANTECEDENT CAUSES (B) CONGENITAL HEART DISTANT
IRECT	X N A S S	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the
DIR.	_ • C = . E	UNDERLYING CONDITION lost. (C).
AL I	medical ledical burns; hysicia In was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
NER/	a me ody bhe phe phe sician	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1998 CONDITION FOR WHICH OPERATION 2004, AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED
Z		WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
J.		OR CONTRICTING CALLES OF
		DEATH (notify medical examined etc.) DEATH (notify medical examined etc.)
	he hosp by natur xcept w and (6) btained	OF INJUST (APPROX.) While At Not While At Work
6	8- HO 0	22. I certify that # (this hospital) attended the deceased from 3-27-69 19 ta 4-18 19 69
	5 + 5 = 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 +	that (we) last saw the deceased alive an
	dent of death) must be a	and haur and from the causes stated abave. (We) (did) (1994) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
	30.5 6 6 1	Cly Santo, MD nearer Phys. Attending Med. Staff A 4-18-69
		23C. PHYSICIAN'S NAME (Type) OF CAMITOS MD ALTER CIL HOCP TALE
	certificat body was vs. (1) An D.O.A. at assed pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOGATION (City, town, or county) (Stote)
	This certif the body shows: (1) was D.O./ deceased written a	DURIAL 4-21-69 1/4, Uliver Cempery Dato, Mid,
;	This certhe boc shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25E, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR, ADDRESS 25C, FUNERAL DIRECTOR, 130 F 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		VS 150-REV. 1/1/68

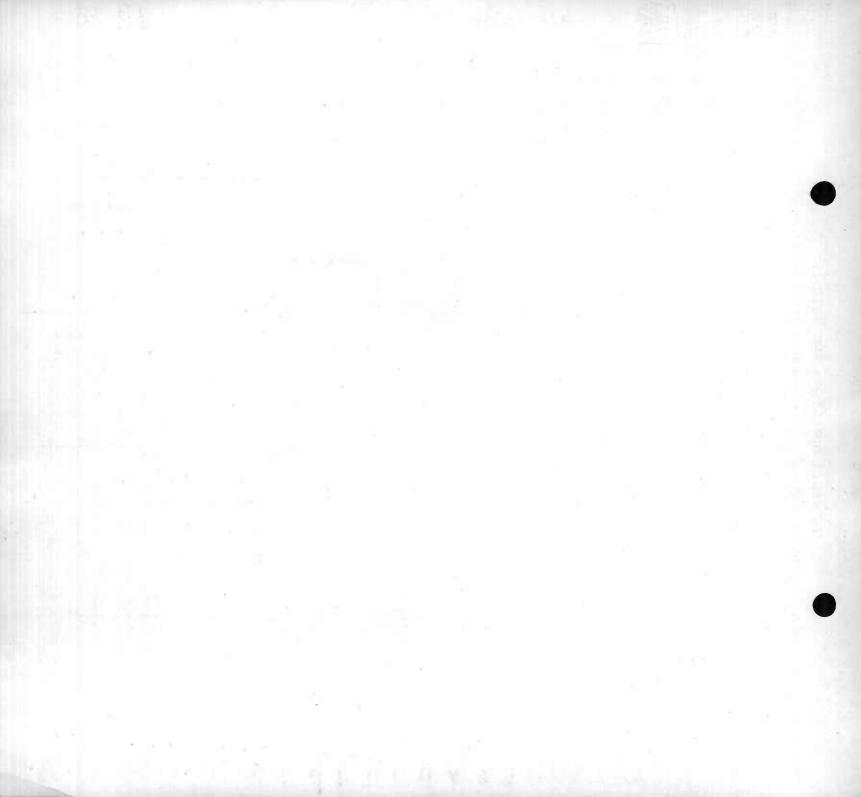


	NAME OF DECE		4.1		la is A an		2. DATE AN	D HOUR OF DEATH	н	
Ľ		EBOR,	0/4 Di	-dilic	VISE	11		4/15/69	1	4,50 p
FU	PLACE IN BALT JLL NAME OF OSPITAL OR	(IF NOT I		OR INSTITU	TION, GIVE STREET	MARYL	AND COUN	HARFOR		esidonco before odmissio
IN	ISTITUTION		,		* 7 .	c. cilyBERK		D. 1N	ISIDE CITY LI	
					Hospital	E. STREET AND	600	SHIRLEY	AVENU	E
	-	6. RACE	w	IDOWED	NEVER MARRIED DIVORCED	1-21-5	50	9. AGE (In yours lost birthdoy)	if Under Months	Days Hours Min.
GON	STU	DENT	it terired)		BUSINESS OR INDUSTRY		(State or forei		12. CITI:	U.S.A.
13.	FATHER'S NAM	LL C.	WISE		Q.	14. MOTHER'S A	MAIDEN NAN	_		
15. (Ye:	Was Deceased Sensor unknown)			service)	SECURITY NO. None	17. INFORMANT	Wiso	, Aberdeen	Marwi	ADDRESS
_	18, 7 /2/1				CAUSE OF DEATI		J. WISC	, Aber deem	, mary.	APPROXIMATE INTERVAL
		EADING TO		TLY	(ANIMMEDIATE CALL	CPYE	DOVOL	Hemov	VACAR	3 (0 NK
TION	(This does not hoost follows, a injury or compinate of the compinate of th	I meon the sthenia, etc. lication which NTECEDENT CONDITION CONDITION	made of dying it means the heaved dear CAUSES ons, if ony, use (A) state that the construction of the cons	ng, e.g., disease, th.) giving ting the		A CONSEQUENCE		rythems	- 1	4 yrs
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CAL CERTIFICA	(This does not hoost follows, a injury or compined to the DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO.	I meon the sthenia, etc. lication which NTECEDENT CONDITION CONDITION II CANT CONDITION BUT NOT RELABILITION GIVE OPERATION CONDITION CO	made of dying it means the heaved dear CAUSES ons, if ony, use (A) statement of the ten in Part 1 (198. CONDITION ON STATEMENT ON STATEMENT ON STATEMENT OF THE TEN IN PART 1 (198. CONDITION ON STATEMENT OF THE TEN IN PART 1 (198. CONDITION OF THE TEN IN THE TEN I	giving the BUTING RMINAL A).	(B) Sys] DUE TO, OR AS	PCMIC LU A CONSEQUENCE 20A. AUTOPSY Y E	OUS E	208, IF YES, WERE IN CERTIFYING CA	FINDINGS AUSES OF D	4 yrs CONSIDERED DEATH?
DICAL CERTIFICA	This does not hoost follows, a injury or compile All DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19A. DATE OF C. 21A. A CCIDENT OR CONTRIBUTE DEATH (nobity m.)	I meon the sthenia, etc. lication which NTECEDENT CONDITION CONDITION II CANT CONDITION BUT NOT RELABILITION GIVE OPERATION CONDITION CO	made of dying it means the harms the harms the harms the harms to make the course of the term of the term in Part 1 (ATT) in the term in Part 1 (ATT) in the term in Part 1 (ATT) in the term of the term in Part 1 (ATT) in the term of t	giving the BUTING RMINAL AL. DN FOR WALL OF THE PROPERTY OF T	(B) SYST DUE TO, OR AS (C) HICH OPERATION LACE OF INJURY (e.g., inform, foctory, sheet, aff	20A. AUTOPSY Y E	OUS E	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS AUSES OF D	DEATH?
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MEDICAL CERTIFICA	(This does not hoof foliure, a injury or compile of the compile of	I meon the sthenia, etc. lication which is the nia, etc. lication which is the nia, etc. lication which is the nia to the	made af dyir it means the h caused dear the h caused dear CAUSES NS, if ony, use (A) state to the caused dear	giving the giving giv	(B) SYS DUE TO, OR AS (C) HICH OPERATION LACE OF INJURY (e.g., in form, foctory, sheet, affect of the state of the stat	20A. AUTOPSY YE 10 or obout 21C. Whice bldg. INJURY 21F. HO 19 69 ew the bady after the bady	PUS E (7 (Yes or No) ES IERE DID OCCUR? W DID INJU and they ter death.	20B. IF YES, WERE IN CERTIFYINO CA	FINDINGS AUSES OF D Ore City, give	exoct locotion) 15 1969 h accurred an the da

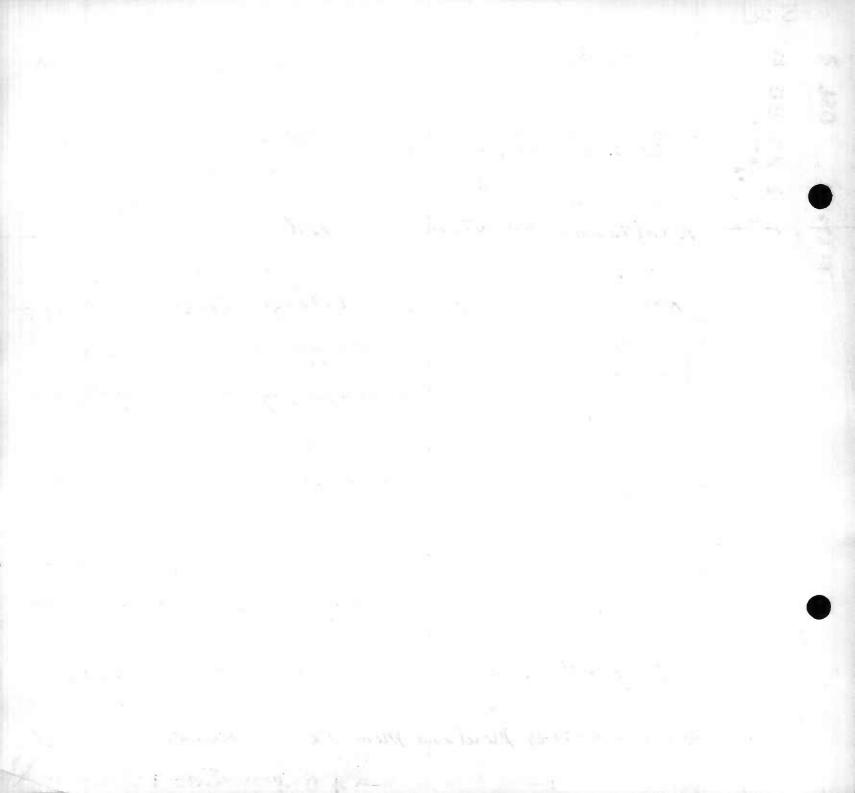




	6	9 404	6 CERTIFICA	TE OF DEATH	REG. NO	69 4046		
BIRTH NO.	CEASED		021(11110) (/	ID HOUR OF DEATH			
(Type or Print)	FRANK B.	TANKS	(Tanski)	Anri	1 17, 1969	10:10 PM		
3. PLACE IN BA	LTIMORE MARYLAND			4. USUAL RESIDENCE (When A. STATE B. COUN	re deceased lived. If in:	stitution: residence before odmission)		
FULL NAME OF	F (IF NOT IN HO	SPITAL OR INSTITU	UTION, GIVE STREET	Md. Ba	ltimore	53-00		
HOSPITAL OR	ADDRESS OR L	OCATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?				
42,	Sinai Hosp	pital	-44	Oliver Beach		YES NO X		
12				E. STREET AND NUMBER	1- D3 D	3.50 Decete 3.4		
• SEX	6. RACE	7. 444 00.50			9. AGE (In years	152, Route 14		
Male	White		NEVER MARRIED		tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
		WIDOWED Work 10B, KIND OF		7-5-94 11. BirthPLACE (State or fore)	on country)	12. CITIZEN OF WHAT COUNTRY		
one during most o	of working life, even if retir	ed)			g			
POLIC FATHER'S NA		Poli	ce	Maryland	15	U.S.A.		
Vince				14. MOTHER'S MAIDEN NA				
				Mary Michae	LS			
es, no or unknow	d Ever in U. S. Armed	Forces? dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Helen Tanks	100 0000	ADDRESS		
No			217-14-265	Box 152. Rt		enpank kd., ver Beach. Md.		
1B. 101	- V		CAUSE OF DEATH		1.	APPROXIMATE INTERVAL		
other sign to the disease or	OR CONDITIONS, the obave cause of the condition last. II IFICANT CONDITIONS TO THE CONDITION OF THE CONDITION GIVEN IN OFF OPERATION 198.	CONTRIBUTING TO THE TERMINAL PART 1 (A).	(C)	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE F	INDINGS CONSIDERED		
19A. DATE O	WAS	PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?		
OR CONTRIE	ENT WAS UNDERLYINBUTING CAUSE OF fy medical examiner		e, form, foctory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	e City, give exoct location)		
21D. TIME	(Month) (Doy) (Y	eor) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.)		Whi	ile At Not While					
22. I certif	y that (1) (this hasp			4/8	1969 to Y	11- 10 60		
	e) last saw the dece		(///)	1/10	/	nian death accurred an the da		
and have a	nd from the couses	stated above. (I) (We) (did) (dld nat) v	iew the bady after death.				
23A. SIGNAT	Edevard	P,760	leves ly pro	nding Med.	Shaff Phys.	23B, DATE SIGNED 4/19/6.9		
23C. PHYSICI NAME			DEGREE	3D. ADDRESS	1/611			
			200000	6000 PARK	- HOM			
	EMATION, 248. DATE	24C.N.	DEGREE AME OF CEMETERY OF CRE		OCATION (Cit	y, town, or county) (State)		
4A. BURIAL CR REMOVAL Burial	EMATION, 248. DATE		AME of CEMETERY OF CRE	MATORY 24D. L				
Burial	REMATION, 24B. DATE (Specify)	L-69 St		MATORY 24D. L	altimore.			

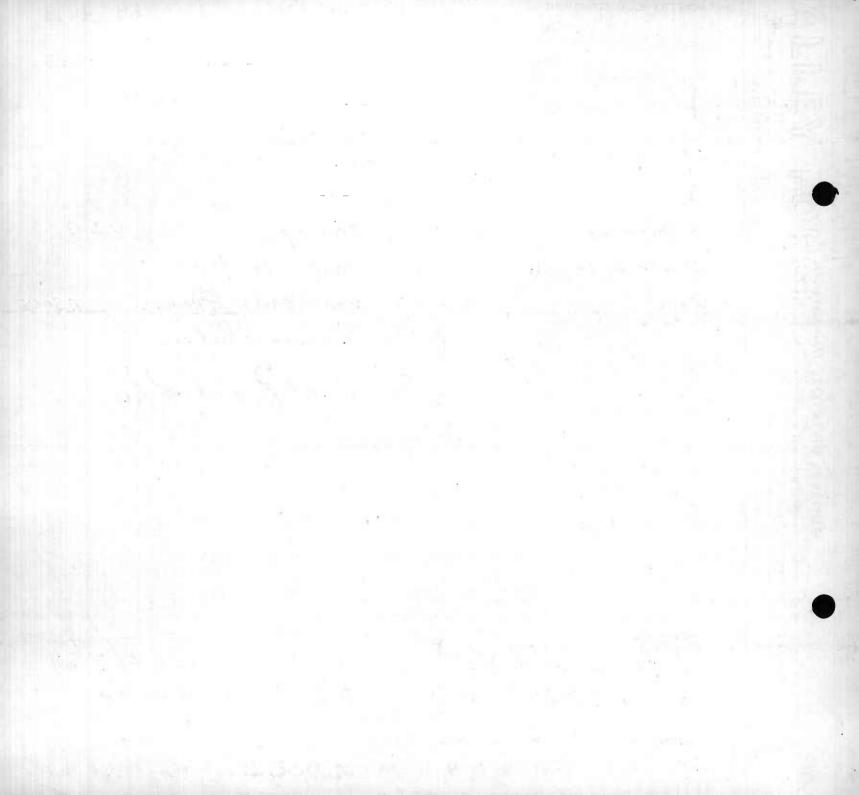


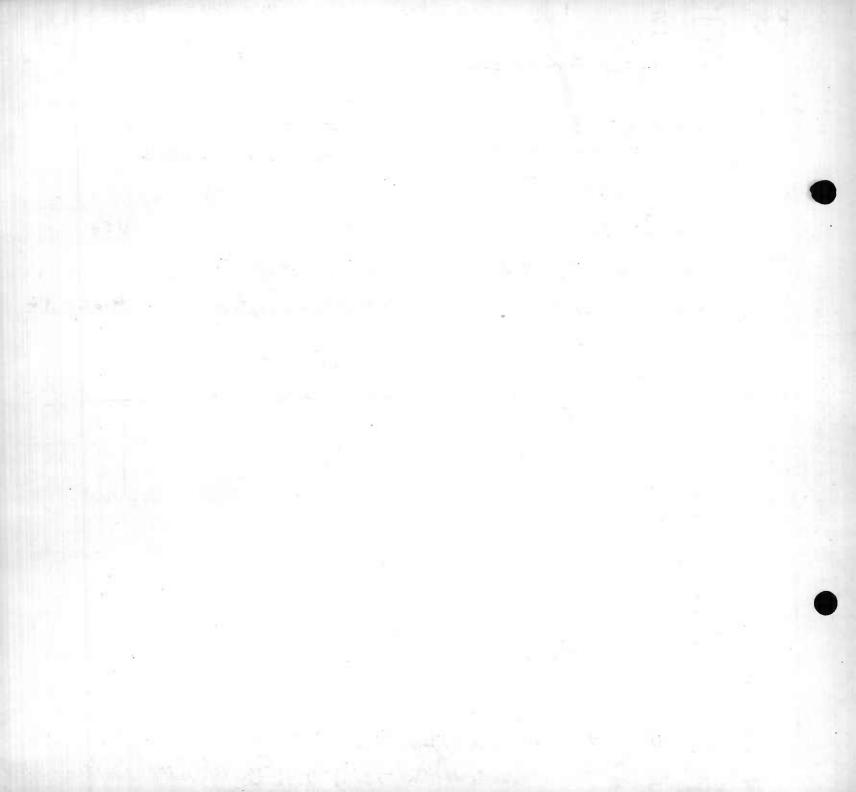
-	250	69 4047 CENTIFICA	TE OF DEATH REG. NO. 69 4047
	7 9 G 7 G	BIRTH NO. LINAME OF DECEMBER 1	TE OF DEATH X REG. NO. 69 4047
	Su	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	- 3 CO -	John Long	4-17-69 7:10P M
4	a de p	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution, residence helpe admission)
CU	S S S S S S S S S S S S S S S S S S S	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION GIVE STOREST	MARYLAND Ballo.Co. 53-0/
0	구 공항 유 ·	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	30.700
200 000	D 9 E	JOHNS HOPKINS HOSPITAL	BALTIMORE D. INSIDE CITY LIMITS?
	- p p p p	33 601 N. BROADWAY , BALTO MD	E. STREET AND NUMBER
	0 + 6 - 0 0	SHOWS WITH SHOW IN	8504 KAVANAGH ROAD
	d a a	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
	S TABLE	MALE WHITE WIDOWED DIVORCED	8/21/34 last birthday) Months: Doys Hours Min.
-	0 0 9 5 8	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of loreign country) 12. CITIZEN OF WHAT COUNTRY?
460	de la contraction de la contra	done during most of working life, even it refired)	md.
and the same of	de de	13. FATHER'S NAME	
with:	if the the	The state of the s	14. MOTHER'S MAIDEN NAME
=	dis	JOHN O.LONG	JOSEPHINE DAVIS
A	B 0 0 0 0 -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (II yes, give wor or dotes of service! SECURITY NO.	17. INFORMANT ADDRESS
Ħ	ssist the the de nce	NO 219 32 89	11 Kathum Xma 8504 Kavanage
OR	34 500	18. CAUSE OF DEATH	The state of the s
9	far far nce nce	DISEASE OR CONDITION DIRECTLY	SEPTIMENT CALCERY AND DESCRIPTION
Σ	Also Pe of Tour	LEADING TO DEATH	anhy homa /hom
	I	(This does not mean the mode of dying, e.g., head failure, asthenia, etc. it means the disease,	A CONSEQUENCE OF:
8	2 2 2 2 2 2	injury of complication which several death	
5	fra fra em		lan lystrophy + myocardoping 20 cpars
CT	wh A se	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS	A CONSEQUENCE OF:
IRE	S S S S S S S S S S S S S S S S S S S	TINDER VING CONDITION !	
	ica tal s; cia as as	(4/	NOTE THE RESIDENCE OF THE PROPERTY OF THE PROP
-4	medice edice burns hysic n wa rema	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
3	mem me h	E I IO THE DEATH RUT NOT PELATED TO THE TERMINAL	de heres is is 2 works
NER	to day	U 19A DATE OF OPERATION 1709 CONSTITUTION SEE	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED
Z	ch th th ys	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
H	the all by (2) ere o ph efor	21 B. PLACE OF INJURY (e.g., In	
	+ 8 . 0 0 0	OR CONTRIBUTING CAUSE OF home, factory, street oil	ice bldg. INJURY OCCUR?
	0.2 5 5	Q 21D-TIME (Month) (Doy) (Year) (Hour) 21E INTILEY OCCUPRED	21F. HOW DID INJURY OCCUR?
	atuned (6)	OF INJURY (APPROX.) While At Not While	
	he he hay now work	Work At Work	
	F + F D 0	22. I certify that (1)(this hospital) attended the deceased from	4-11 1969 to 4-17 1969
	of of of of of of of	that (1) (we) last saw the deceased alive an	19and that In(my) (aur) apinian death accurred on the date
		and hour and fram the causes stated above (1) (We) (did) (did not) vi	ew the body ofter death.
	must be a cleased to cident of hospital to death)	23A. SIGNATURE	23B, DATE SIGNED
	36.9 = -	Attention After Phys	nding Med. Staff 7-17-69
	0 - 8 >	192C BUVENERALDE	3D. ADDRESS
	was r An a A at c prior	DAVID A.IBASS	JOHNS HOOKING HOSPITAL
		24A. BURIAL CREMATION, 248 DATE 24C NAME OF CEMETERY - CORE	
	L 70 0 0	Bural 4-21-69 Mouland Me	tony, town, or county, isitely
	S www.		1.
	This certif the body shows: (1) was D.O., deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR	23C FUNERAL DIRECTOR ADDRESS
4		VS 150-REV. 1/1/68	Hotman Ruseral Hone - 5218 Huelon X
6.1			The state of the s



Such

BIRTH NO.	6	9 404	8 CERTIFICA			REG. NO.	6	9	4048
1, NAME OF DE	CEASED					ID HOUR OF DEA	TH	-	
(Type or Print)	Joseph T	homas			},	-17-69		1	10:15 P
3. PLACE IN BA	ALTIMORE, MARYLAND,		INCED DEAD	4. USUAL RE		re deceased lived.	f institution	: residence	e before admission
FULL NAME O	F (IF NOT IN HOSI ADDRESS OR LO	PITAL OR INSTITU	TION, GIVE STREET	Md.		e Marsh /	BALT	0	53-00
HOSPITAL OR	ADDRESS OR LO	CA IIOIV		C. CITY OR TO		D. I	NSIDE CITY	-	
70				White I			YES		NO 🔣
BOLTO	N HILL C	conv. H	tomE			Mobile Co	urt		
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B	RTH	9. AGE (In years lost birthday)	If Un	der 1 Yr.	If Under 24 Hrs
Male	White	WIDOWED	DIVORCED _	4-24-		75			
	CUPATION (Give kind of working life, even if retired		BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (Stote ar fare	ign cauntry)	12. C	TIZEN O	F WHAT COUNTR
	ENTER	"		FRA	VCF			05	B
13. FATHER'S N.					MAIDEN NA	ME			
TOSEP	IF E. THOM	10		MAG	2 > 0/	LATHE			
15. Was Decease	ed Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMAN	IT	-171 176		ADD	RESS
(Yes, no or unknow	vn) (If yes, give wor or d	otes at service)	SECURITY NO.	4					00 -
18.			213-09-4033 CAUSE OF DEAT	1	VERIT	E THO	445	1	HBOUE OXIMATE INTERVAL
DISEASES rise to t UN DERLYIN OTHER SIGN DISEASE OR	nal mean the made a, asthenia, etc. It mea amplication which caus ANTECEDENT CAUS OR CONDITIONS, it he abave cause (A NG CONDITION fast. II IFICANT CONDITIONS OF CONDITION GIVEN IN P OF OPERATION 198. CO	ns the disease, ed death.) ES I any, giving (A) stating the CONTRIBUTING OTHE TERMINAL ART 1 (A).	(c)	A CONSEQUEN A CONSEQUEN	al B.	20B. IF YES, WE	RE FINDING	GS CON	SIDERED
19A.DATE C									
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner	home	PLACE OF INJURY (e.g., i e, farm, factary, street, a	n or obout 21C. ffice bldg., INJU	RY OCCUR?	(If In Bolti	more City, g	give exac	t lacation)
21D. TIME	(Month) (Doy) (Yes	ir) (Hour) 21 E.	INJURY OCCURRED	21 F.	HOW DID INJ	URY OCCUR?			
OF INJURY		Whit	le AI Not While At Wark	e \square					
22 1	2					10			
	e) last saw the decea		e deceased fram			19ta at in(my) (our)			
234. SIGNAT	nd from the couses s TRE Aurus (Type) M. 222		GEGREE Phy	riew the bady		Shoff Phys. D		ATE/SIG	
REMOVAL	(Specify) 4/2	169 LAC.NA	ME of CEMETERY OF CR	EMATORY	240. L	OCATION	(City, town	or caur	ty) (Stote)
25A. DATE REC'	D BY HEALTH DEPT.	258. NAME O	F REGISTRAR		RAL DIRECTOR	ELLY SE	7-1 -	306	DDRESS
VS 150-PEV 1/1	-11,11	- MANAGE	a / washing	100,	CANO	ELLY SE	15	200	MACE





0	1001	BALTIMORE CITY HEALTH DEPARTMENT
4	TE P O E	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 4059
	an eat ase th th	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print)
	of death of death Deceased e on the	MIDERI SI PARRISH SR HOYII IS 1969 PMM.
	_ 00	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IN the deceased lived. If institution: residence being admission. A. STATE COUNTY
	hos use (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CLIV OR TOWN D. INSIDE CITY LIMITS?
	cau use; tend r to	1 A A A A A A A A A A A A A A A A A A A
	ng cau att	00835 UNION AVE ESTREET AND NUMBER
	U L .	5. SEX ; 6. RACE . 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
	occurre ontribut ermined regular eased p	Months Doys Hours Min.
	on on re- re- re- seas	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIR HPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
	ath in dec	done during most of working life, even if relied) Railvord Mil
	if dect of the the the posit	13. FATHER'S NAME
E	- L	William Thomas PARRISH PAULINE VESSIE Scott
Z	e di ind; eath	15. Was Deceased Ever in U. S. Armed Forces? (Yespho or unknown) (If yes, give wor or dotes of service) SECURITY NO.
IMPORTAN	th th k	11/0 705 09 1432 LUCG P PARRISH 835 Union Hue
0	s a: if any ced ced	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E	of of of ot tee	LEADING TO DEATH (A) IMMEDIATE CAUSE MUSICAL RULE RULE RULE RULE RULE RULE RULE RUL
-	one one	heart failure, osthenio, etc. II meons the diseose,
20	ne n	injury or complication which caused death.) ANTECEDENT CAUSES Description of the course of the cou
5	A fr	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DISEASES OF CONDITIONS, if any, giving
DIRECTOR	ex (3)	rise to the obove cause (A) stating the UNDERLYING CONDITION last, (C)
0	dical Jical Jical Jical Visicia Was Main	
AL	medicelic burr hysin w	
ER	# F > 0.0 0	< DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNER	chie Bod the ysic e th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	he by	OR CONTRIBUTING CAUSE OF home form factory street office bldg. INTURY OCCUR?
	No No	S DEATH (notify medical examiner)
	hosp natur ept v d (6)	21D. TIME Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	ove e h n r nd	Work At Work
	approper the	22. I certify that (I) (this hospital) attended the deceased from 1900 1955 to 1900 1969, that (I) (we) lost sow the deceased alive on 1900 14 1969 and that in (my) (correction of the date of the da
	0057	and hour gold from the causes stoted obove. (1) (Middle) (did not) view the body after death.
	2 - 4 0 3	23A. SIGNATURE // / 23B. DATE SIGNED
		Town In the Control of the Control o
		23C. PHYSICIAM'S NAME (Type)
		UR John H HIYSCHTEKI DEGREE 6919 FIZATOYOL KCI
	- TO 0 0 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) REMOVAL (Specify)
		25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR DIRECTOR
	rhis the shov was dece	1 5 9 TO DE PRINCIPAL FORMAN MA



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

CORONARY THROMBOSIS 2-3 hours

ARTERIOSCLEROTIC HEART DESERSE 2 years

FUNERAL DIRECTOR:

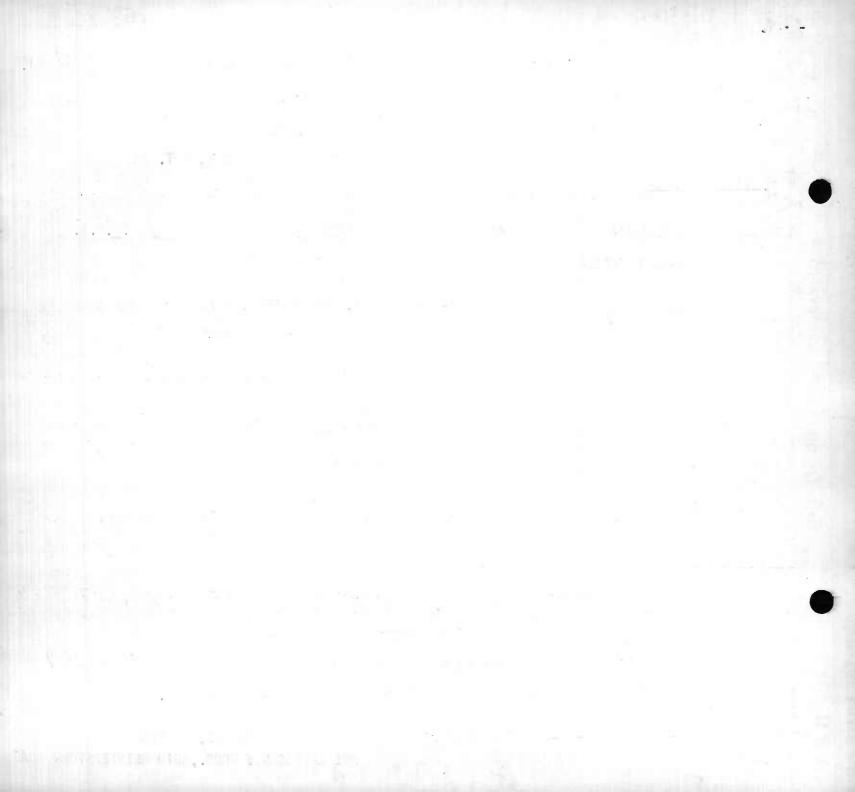
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DIRECTOR:

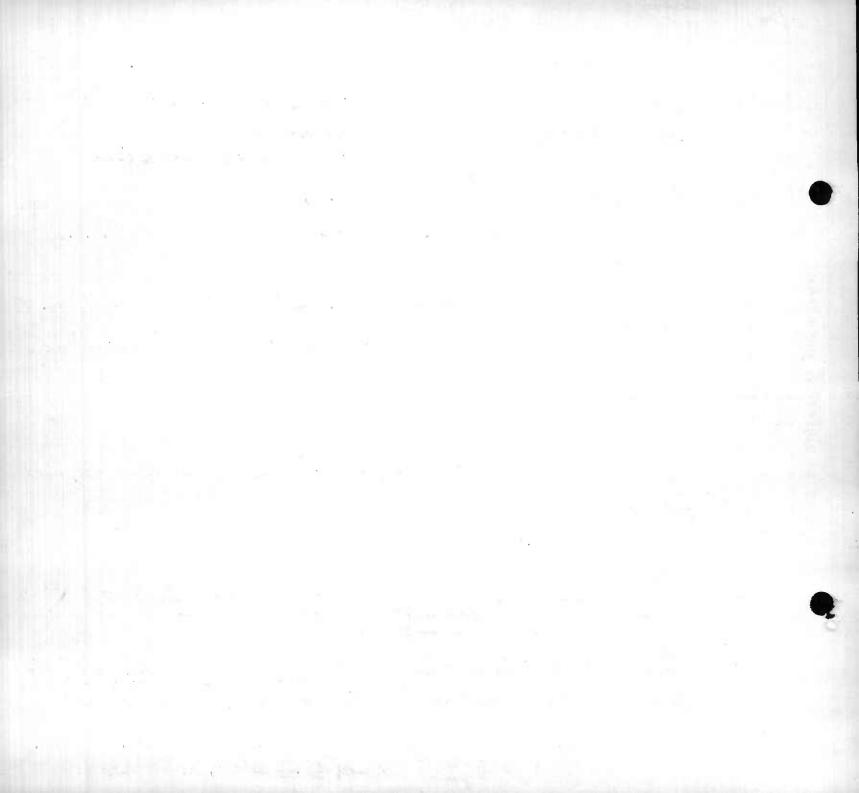
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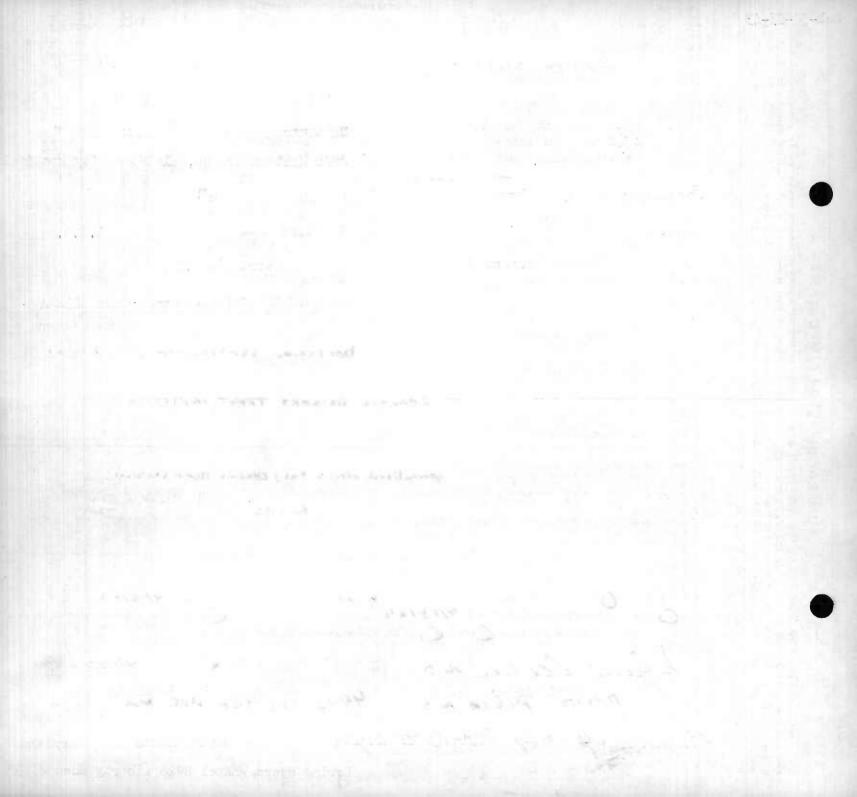
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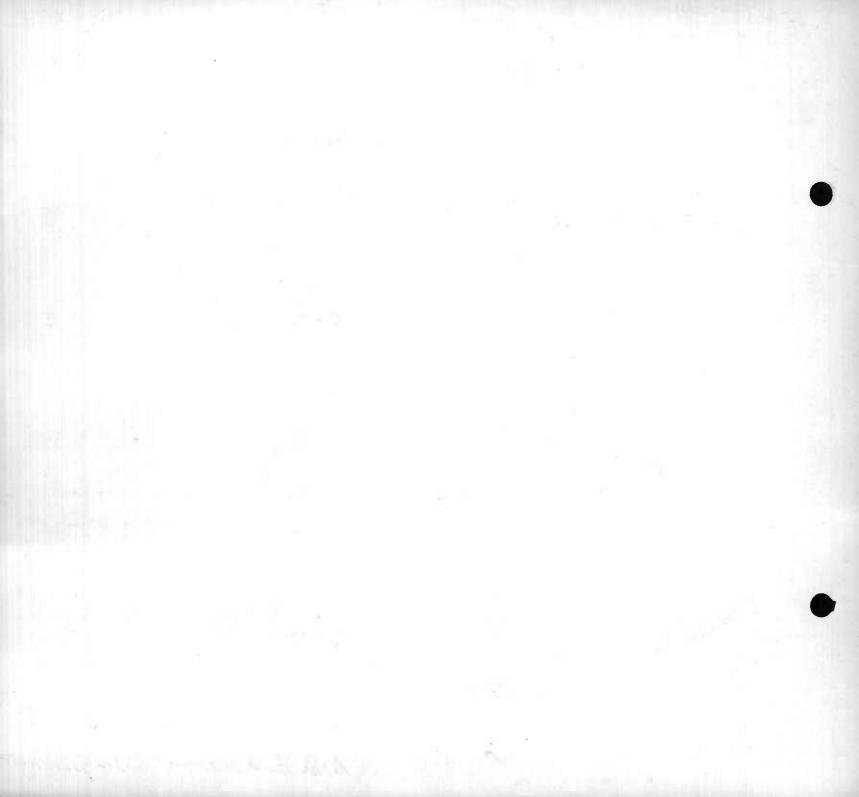
BALTIMORE CITY HEALTH DEPARTMENT

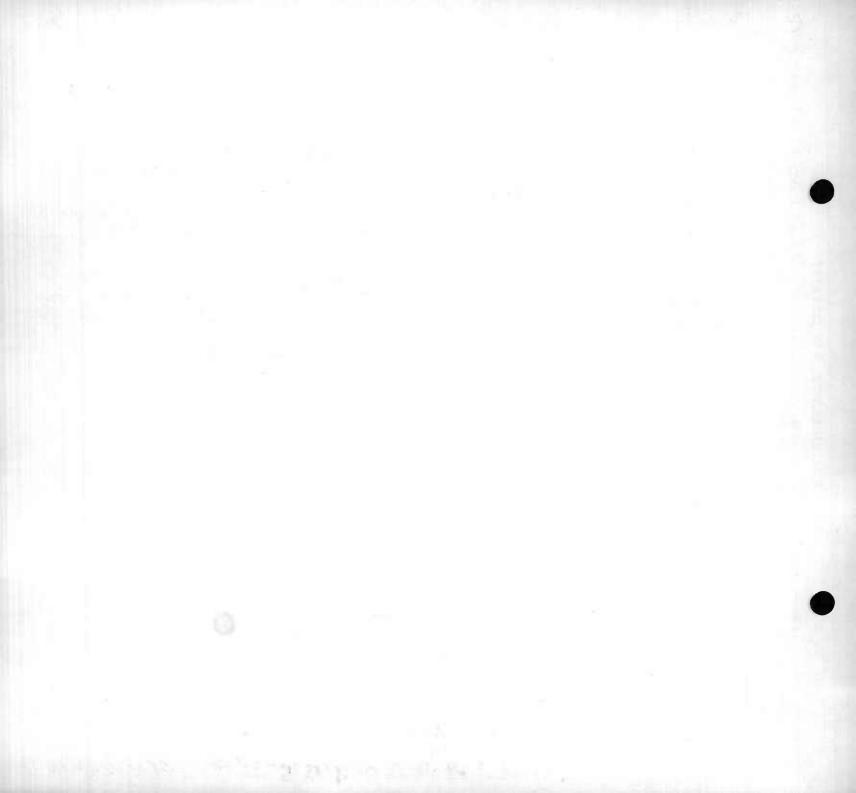


	69 405	A	HEALTH DEPARTMENT	REG. NO.	00 4054
BIRTH NO.	100	* CERTIFICA	TE OF DEATH	XEO. NO	69 4054
NAME OF DECEASED	1.		2. DATE AT	NO HOUR OF DEATH	200 00
Chack	es hippy		Apr	ik 17,1	969 8 F
3. PLACE IN BALTIMORE,	MARYLAND, WHERE PRONOU	NCED DEAD	A. STATE B. COUN	1TY	nstitution: residence before admissi
FULL NAME OF (IF N	NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	MARYLAND	BALTIMO	RE COUNTY 5
STITUTION	DRESS OR LOCATION)		C. CITY OR TOWN		SIDE CITY LIMITS?
SINAI H	OSPITAL		E. STREET AND NUMBER		YES NO
			6505 KR	EL AVE	(21207)
. SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hi
m	WIDOWED [Feb. 2. 1917	lost birthdoy)	Months Doys Hours Min.
	Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNT
lane during most of working life Gasoline	Sun O.	1160	Maryland		U.S.A.
3. FATHER'S NAME	Jul 0	ca (0.	14. MOTHER'S MAIDEN NA	ME	U.J.A.
Edward Lapp			M: -1 2		
5. Was Deceased Ever in U		1 6. SOCIAL	Muriel?		ADDRESS
res, no or unknown) (If yes, g	give wor or dotes of service)	SECURITY NO.		,	
9es 1	WW2	214-01-2006	Mrs. Fannie M	ay Lippy!6	505 Kriel Ave. #
18.410,9		CAUSE OF DEAT	SE ACUTE MYO A CONSEQUENCE OF:		BETWEEN ONSET AND DEA
		(c)	A CONSEQUENCE OF:	***************************************	
TO THE DEATH BUT NO			ReTIC CARDIOVA		EASE BYEARS
19A. DATE OF OPERATION OF STANDARD TO STAN	ON 198. CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ZIA. ACCIDENT WAS	UNDERLYING 21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Baltima	re City, give exact lacotian)
OR CONTRIBUTING		e, torm, toctory, street, o	fice bldg., INJURY OCCUR?		
21 D. TIME (Month)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21 D. TIME (Month) OF INJURY (APPROX.)	Whil	e At Not Whil	e 🗖		
	Work			A	-/10/6
	(this hospital) ottended th			19 66 to Ap	
labora (II) (and love	w the deceased alive an	IRROD 10	19 69 ond th	nat in (my) (our) op	inian death occurred on the o
rnar (I) (way-last saw					
	e couses stoted obave. (1)	and the same of th	iew the body ofter death.		
		(Was) (dtd) (did not) v			23B. DATE SIGNED
and hour and from th		(Was) (dtd) (did not) v	nding Med.	Staff Phys.	0 11 - 12
and hour and from the 23A. SIGNATURE		(Wa) (dtd) (did not)		Shoff Phys. C	Pacil 17, 196
and hour and from th		(Wa) (dtd) (did not)	nding Med.	Shoff Phys. REISTERS	Pacil 17, 196
and hour and from the 23A. SIGNATURE Journal 23C. PHYSICIAM'S NAME (Type) HOWARD A	H. GENDASON	(Wa) (did not) v	Med. Director ABORESS 11969 REIS TERS TO B	Shoff Phys. REISTERS WN, Md.	PARIL 17, 1969 TOWN Rd. (21136)
and hour ond from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) HOWARD 4A. BURIAL CREMATION, REMOVAL (Specify)	J. Jendes on J. GENPASON 24B. DATE 24C.NA	(Wa) (dtd) (did not)	Med. Director ACTION Med. Director PEIS TERS TO V MATORY MATORY Med. Director ACTION ACTION Med. Director ACTION ACTION	VN, Md.	Poper 17, 1969 Town Rd. (21136)
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and hour ond from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) HOWARD A. BURIAL CREMATION, REMOVAL (Specify)	J. Gendes on J. Gendes on J. GENPASON 24B. DATE 24C. NA	OEGREE ME of CEMETERY or CR	Med. Director 23D. ADDRESS 11969 REIS TERS TO B MATORY 24D. L 25C. FUNERAL DIRECTO	oodlawn Be	Paril 17, 196 Town Rd. (21136)

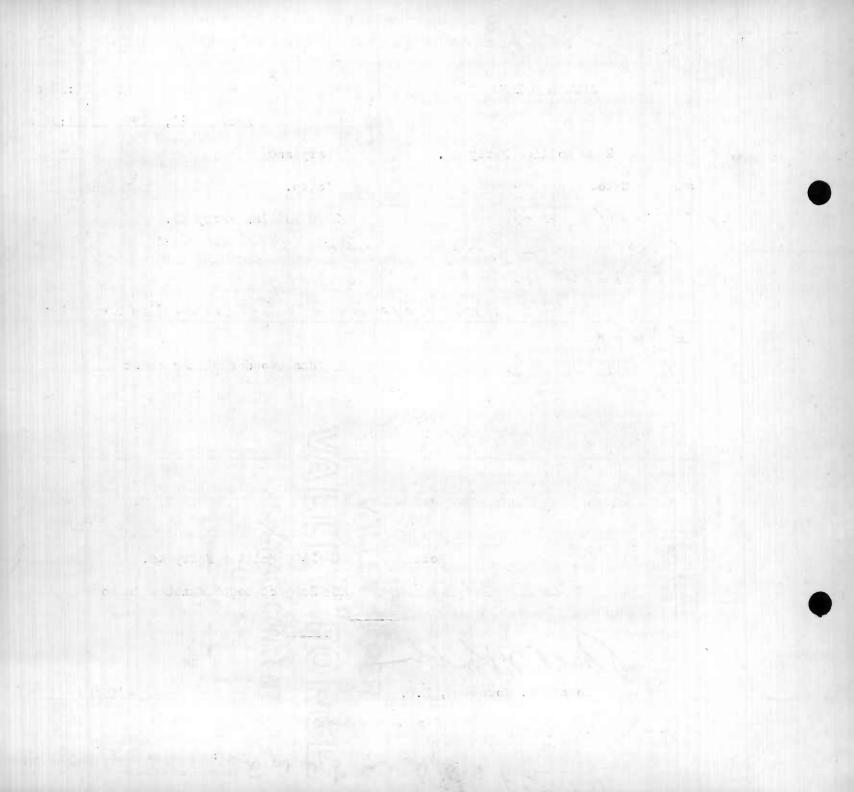


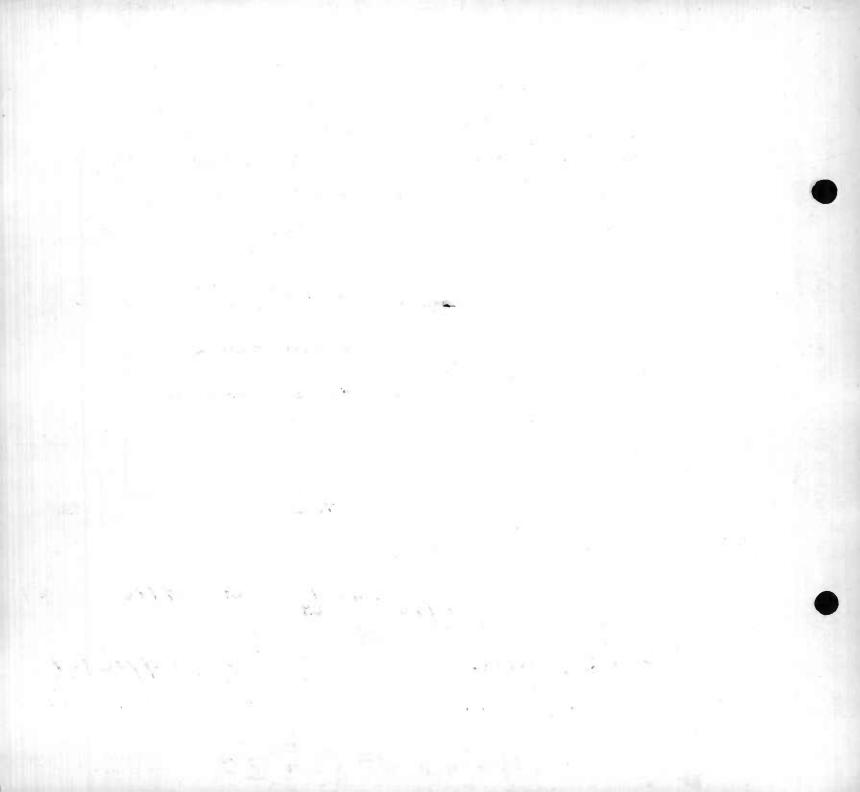






G ¹ 65	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	69 4058
1	BIRTH NO. 1. NAME OF DECEASED (Type or Print) ARTHUR GRIMES ARTHUR GRIMES 2. DATE Known A Month Doy OF Estimoted 4 18 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy PRONOUNCED DEAD PRONOUNCED DEAD	Yeor Hour 69 11:58 a M. Yeor Haur
	ADDRESS OR LOCATION) ADDRESS OR LOCATION) ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceased lived. If institution: real parts of the county of the	25-43
•	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY	
	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT SOUNTRY? 13. FATHER'S NAME CONCE CA, MOS 14A. USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME TOTAL GOING MOST OF WHAT SOUNTRY 15. MOTHER'S MAIDEN NAME	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, sporushnown) (If yes, give wor ar dates al service) 315-019009A Arrigen Carmes In 939	RESS SNOVES LA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) IMMEDIATE CAUSE Stab wounds of the chest Due To, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (C)	BETWEEN ONSET AND DEATH
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 22 23 24 25 26 27 26 27 28 28 29 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES
	22B. PLACE OF INJURY (e.g., in ar about home, farm, foctory, street, office bidg., etc.) 22C. WHERE DID (II in Baltimare City, give exact home, farm, foctory, street, office bidg., etc.) 2400 Hollins Ferry Rd. 22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURED 22F. HOW DID INJURY OCCUR?	25-43
	I certify that I held on Inquiry Inspection Autopsy on on that on this basis, death in my of resulted from: Netural causes Accident Suicide Homicide XX Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S ACTUAL SIGNATURE ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER CASSOCIATE MEDICAL EXAM	DATE SIGNED
	24A. BURIAL CREMATION, 24B. DATE PEROVAL (Specify) 24C. NAME of CEMETERY or CREMATORY AND ALLOCATION (City, town, or CEMATORY) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADD TOWNS	or county) (State)
4.	VS 1S1-REV. 1/1/68	1 4





IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

NO

ADDRESS

APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH Called fund home for address, 1114 touchahill st. CT

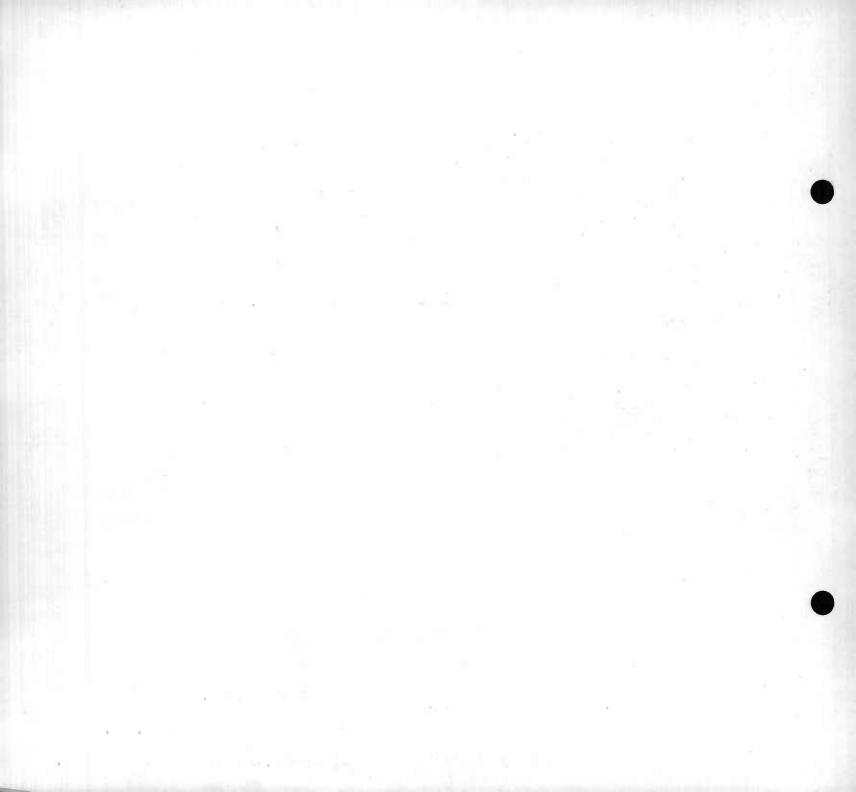
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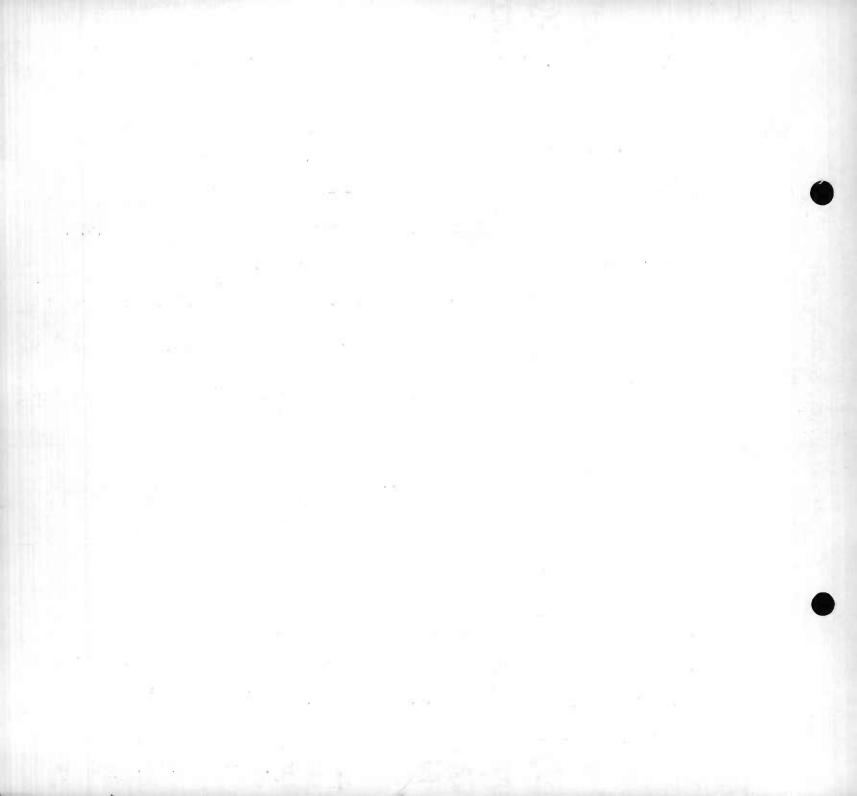
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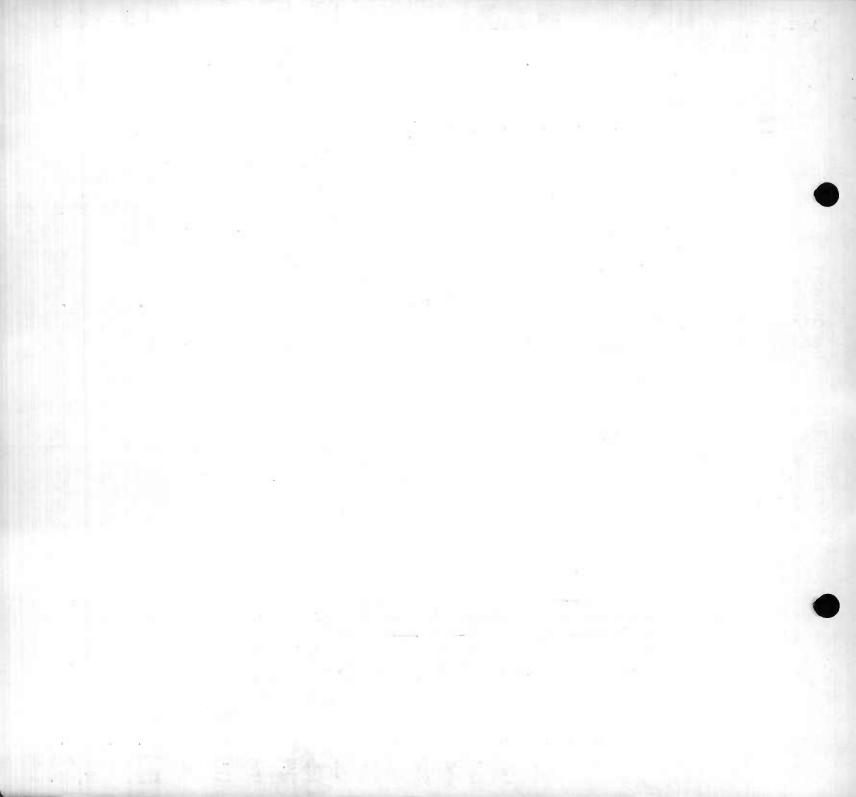
M.H



4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) D. INSIDE CITY LIMITS? YES & NO If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 626 N Carey Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in (my) (our) opinion deoth occurred on the date 23 B. DATE SIGNED (City, town, or county) Baltimore County, Maryland 3035 W. North Ave Herbert. E. Nutter



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		69	4Ut	CERTIFIC	CATE OF DEAT	H REG. NO.	69	4003
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Type or Print)		DOLLY .	A. STR	EET		PRIL 18, 19		
3. PLACE IN BA	LTIMORE, N	ARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE A. STATE B. ((Where deceased lived.	If institution: res	sidence before admiss
FULL NAME OF	E #E NI	OT IN HOSBIT	AL OR INISTIT	UTION, GIVE STREET	MARYLANI			7-18
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005	50	رمعن	1 000		E. STREET AND NUME			
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IOA, USUAL OCC			10B. KIND OF	BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote of	ir fareign cauntry)	12. CITIZ	EN OF WHAT COUN
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3. FATHER'S NA				-	14. MOTHER'S MAIDEN			
ANT	DREW G	COOD			MARY I	BONAPARTE		
S. Was Decease	ed Ever in U.	. S. Armed Fare	ces?	1 6. SOCIAL	17. INFORMANT			ADDRESS
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March 928 E. North Ave.

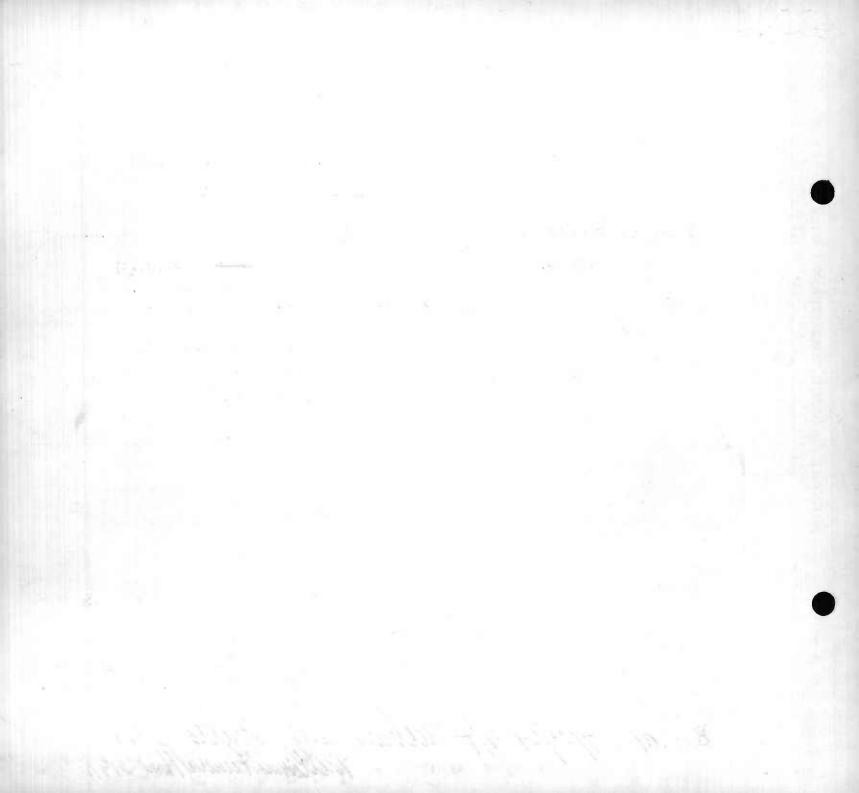
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DIRECTOR:

FUNERAL



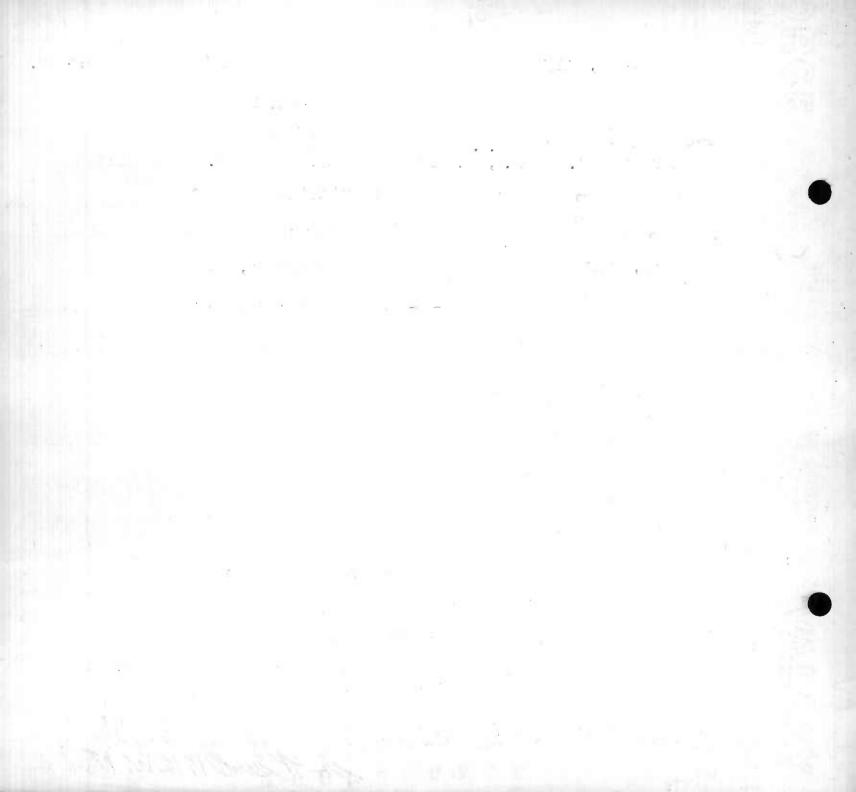
1			MED	PICA	L EX	AMINER'S	S CE	RTIFI	CATE	OF	DEAT	H REG. NO	0		
BIRTH		F 4 6 F D		-			n.	0.155							
	ME OF DEC or Print)	EASED					2.	OF	Knawn		Manth	Day	Yeo	or H	our
			AMES		CLARK			DEATH	Estimote	id	4	18	69		8:50 pm.
						NCED DEAD	3.	DATE	JNCED DEA	AD	Month	Doy	Yeo	ar H	our
HOSPI	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						5.			A	pril	18 iv ed. If institut	1969		8 · 50 N
4	6						A	. STATE		` .		B. COUNTY	1	/	26
6. SEX	//	Luthe:	ran Ho					. CITY OR	Maryla	nd		D. INSIDE	CITY I BAIT	0-	00
o. JEA		/. KACL				NEVER MARRIED	Dalle	. CITT OK	101114			D. IIVSIDE	CITY ENVI	131	
	le	Colo			WED 📙	DIVORCED		Bali					YES X	NO	
9. DAT	E OF BIRTH	i	10. AGE (I last birthdo			r 1 Yr. If Under 24 Days , Hours ,		STREET A	MUN DUN	BER					
10-	-15-51		17	,,				2	731 W.	Laf	avett	e Ave			
11. BIR	THPLACE (S	tate ar fareig	n cauntry)		1.2.	ZEN OF	13	. FATHER	SNAME						
	Md.				WH	AT COUNTRY?		.Jam	es W.	Ca	ank				
14A.US		PATION (Give	kind af work	14B. KIN	D OF BU	SINESS OR INDL	JSTRY 1:	5. MOTHE	R'S MAIDE	VNAN	AE				
dane du	ring most af w	orking life, eve	n ifretired)												
14 144	C DECEASE	D EVER IN I	I C ADME	FORCE	co li	COCIAL	- 11	INFORM	y Joh	insc	n		ADDRESS		
		O EVER IN U				SECURITY NO.		. INFUK	MANI				ADDKE33		
	no							Jame	s Cla	irk	2	731 W	Laf	ave	tte we
19.	-81	9 a.				CAUSE OF	DEATH								ONSET AND DEATH
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20.						HICH OPERATION	N WAS	PERFORM	ED				21. A	UTOPSY	(Yes or No)
8	208. CONDITION FOR WHICH OPERATION W														
¥ 22/	EYTED	VAL CAUSE V	MAS		228 DI /	CE OF INITIDA	lan in	or obout 3	2C WHERE	DID	lif in Baltima	are City sive	ovast lasati	No	
VI UI UI UI 22	ING CA	OR CONTUSE OF DEA	RIB-	r) (Hav	ur) 22E.	CE OF INJURY(orm, factory, street, Street INJURY OCCURI	RED	5) 2	Duva 2F. HOW D				Chel	/5 sa]	-38 Cerrace
	PPROX.)	4 1	7 69	11:5	50 pwo		NOT WE		Subje	ect	fell (off the	back	of	a truck
23.					_ `		7								
	I cert	fy that I he	eld an	Inquiry		nspection X			and tha	t an ti	nis basis,	death in m	y apinio	n	
	result	ed from: No	atural car	ses 🗌	Acc	ident XX Su	vicide	□ н	micide 🗌]	Undeterm	ined manne	-		
		50	1	11.	~ ./				CHIEF MED	ICAL E	XAMINER				
	ACTUAL	on	1	TU	11			ASSI	STANT MED	ICAL E	XAMINER	*		DA	TE SIGNED
	SIGNATU				£		_M.D.								
	NAME (T		. 1						CIATE MED	ICAL E	XAMINER			//1	0.160
24A P	URIAL CREA	MATION 12	dward 48. DATE	F. V	VI LSO	NAME of CEMET	ERY or	CREMATO	ORY	24D	LOCATION	(City, to	wn, or cou		9/69 (Stote)
REMQ	VAL (Specification)	y)		2-69		t. Aubu		~		240.	Balt	0. 140	1.		(5.5.5)
25A. C	DATE REC'D	BY HEALTH C	SEPT.	25B. 1	0	F REGISTRAR			son I				ADDRESS		reet
VS 151	·REV. 1/1/6B	N	8 E sh		9	5 9 0	1	11 6	1 0	13	11				

SECTION OF THE ELL 14 LUE

	6	406	BALTIMORE CITY	HEALTH DEPARTMENT		69 4067
DADTH ALC		100	CERTIFICA	TE OF DEATH	REG. NO	00 400/
NAME OF DEC	EASED			2. DATE	AND HOUR OF DEAT	Н
Type or Print)					4/ 15/ 69	4:30 PM.
PLACE IN BAL	Jones Willi	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WI	nere deceased lived. If	
				A. STATE B. COL		9 00
ULL NAME OF	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN		1-07
NOITUTION	710011200 011 10			C, CITY OR TOWN	D. IN	SIDE CITY LIMITS?
				Baltimore E. STREET AND NUMBER		YES NO NO
/ Harbon	r View Nursi	ng & C.C.				
1213	Light St.	Balt. M	D. 21230	1717 Lamon		21.202
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours M
М	Negro	WIDOWED	DIVORCED T	7/ 31/ 16	53	
	UPATION Give kind of w		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COU
	working life, even if retired)		***		
Labore 3. FATHER'S NA	MF			Virginia 14. MOTHER'S MAIDEN N	AME	USA
			ALC: Y	MOTHER STRAIGHT		
	, Willie			Robertso	n, Helen	
. Was Deceased	Ever in U. S. Armed I	Forces? otes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	7-57 5.15 1.51 0.			II	37	
18.	. 14 .		228-05-7318 CAUSE OF DEAT	harbor Vi	ew Nursing (Above APPROXIMATE INTERN
15 6	2 X		43			DETILEPAL CALCET AND S
DISEA	SE OR CONDITION I		Cara	rome of The	2 Suphag	4,
	LEADING TO DEAT	Н	(A) IMMEDIATE CAL	ISE D	- opposing	cas 6 Minste
rise to the	OR CONDITIONS, if e obove couse (A		DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYIN	G CONDITION last.		(C)	·		
TO THE DEAT	FICANT CONDITIONS C TH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMINAL	What Ohrace	20.6. 41170.000 / V -	NAV 200 IF yee	T THINDING CONSTRUCTION
19A. DATE OF	OPERATION 198. CO	ERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
	NT WAS UNDERLYING	21 R. I	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Beltim	ore City, give exact location)
, OR CONTRIBL	UTING CAUSE OF	home etc.)	, form, foctory, street, of	fice bldg., INJURY OCCUR?	h 241111	
)	medical examiner)					
21 D. TIME	(Month) (Doy) (Yes		INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
(APPROX.)		While		e		
				mil n	/ 9	mil 15 196
	that A (this haspit		Vla = 0 -	/wa	19 62 to /	
that A we	last saw the decea	sed alive an	Thut 15	19 6 7 and	that interpt Court a	pinian death occurred an the
and have an	d fram the causes s	tated abave	(We) (did) (did ast) v	iew the bady after death	1	
23A. SIGNATU		1		· · · · · · · · · · · · · · · · · · ·		238. DATE SIGNED
1/1	6/11	Gila.		nding Med.	Staff	An: 115
6000 00000	100		DEGREE Phy		Phys.	1 hours
MAME (T	Type)			23D. ADDRESS	ROS	4.
17-	C. 1+LE	UZATO	5, MD DEGREE	1209 54	Paul S	1
4A. BURIAL CRE	MATION, 248. PATE	24C, NA	ALE OF CAMETERY OF CRI	MATORY 24D.	LOCATION	City, town, or county) Sto
REMOVAL () .1/1c	1601 11/11	- ()	() n 1/1	11 0	- 11/10
Da right	1///6/	6/ 11/17	Callieva.	(S 1 // H.	H Guss	ta Manker

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/6B



0	1000	ATE OF DEATH REG. NO. 69 4068
ī	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
100	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	17 April 1969 9:45 P.
-	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	Maryland C.CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?
9	33The Johns Hopkins Hospital	E. STREET AND NUMBER 2919 Miles Avenue
	Female White Widowed Divorced	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Y ₆ , If Under 24 Hrs Months Doys Hours Min.
de	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if refired) Textile Milld	Md.
	Walter Johnson	14. MOTHER'S MAIDEN NAME Sara Ashe
1.5 (Y	5. Wos Deceosed Ever in U. S. Armed Forcos? fos, no or unknown) (If yes, give wor or dolos of sorvice) 10. SOCIAL SECURITY NO. 215-07-6652	17. INFORMANT ADDRESS
FICATION	heart loilure, ostheria, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave cause IA) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	astatic breast carcinoma A CONSEQUENCE OF: A CONSEQUENCE OF: 20A_AUTOPSY? (Yos or No) 20B, IF YES, WERE FINDINGS, CONSIDERED
ICAL CERTIFIC	OR CONTRIBUTING CAUSE OF home, form, fociory, steet of EATH (notify medical examine)	20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES n or obout 21C. WHERE DID (If In Boltimore City, givo exact location)
	21D-TIME (Month! (Doy) (Yeor! (Hour) 21E INJURY OCCURRED While At No! While At Work	· ·
death); an	22. I certify that (*) (this hospital) attended the deceased from that (!) jee lost saw the deceased alive on 17 April and hour and from the couses stated abave. (!) (**) (did) (**)	19 69 ond that in(my) (900) opinion death occurred on the date
	23A. SIGNATURE (MORUM M, D) DEGREE Phys	nding Med. Staff Phys. 123B. DATE SIGNED (69)
	IA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	tany tany a comp
25	Burial 4/21/69 Lorraine Park A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 1960 D 00 6-7.	Balto. 25C. FUNERAL DIRECTOR Paul En Chenometh 3rd 3616 Chestnut Ave.



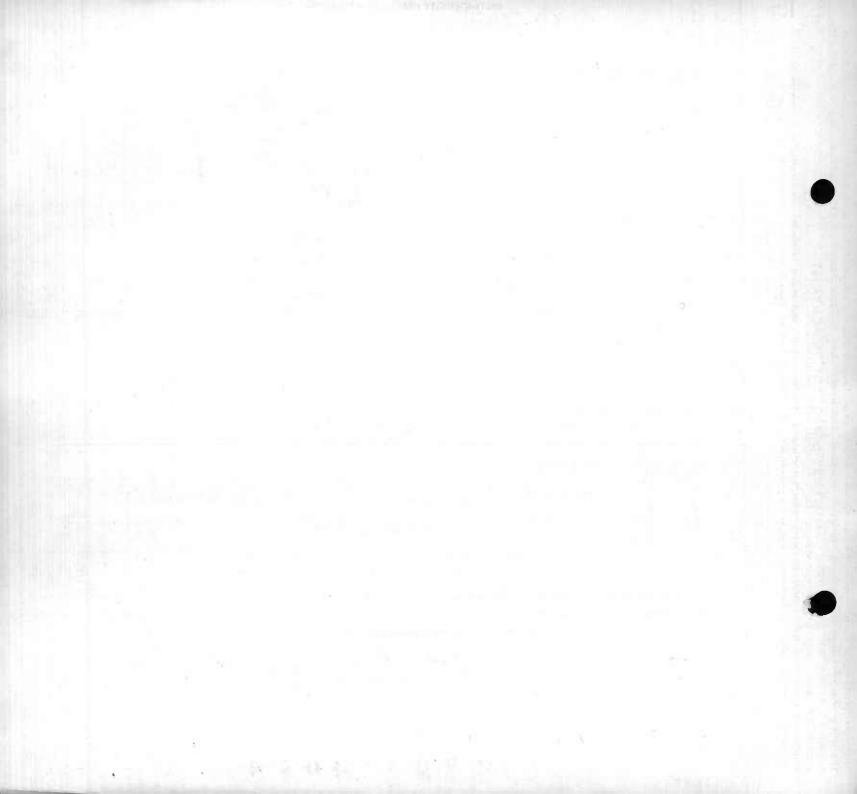


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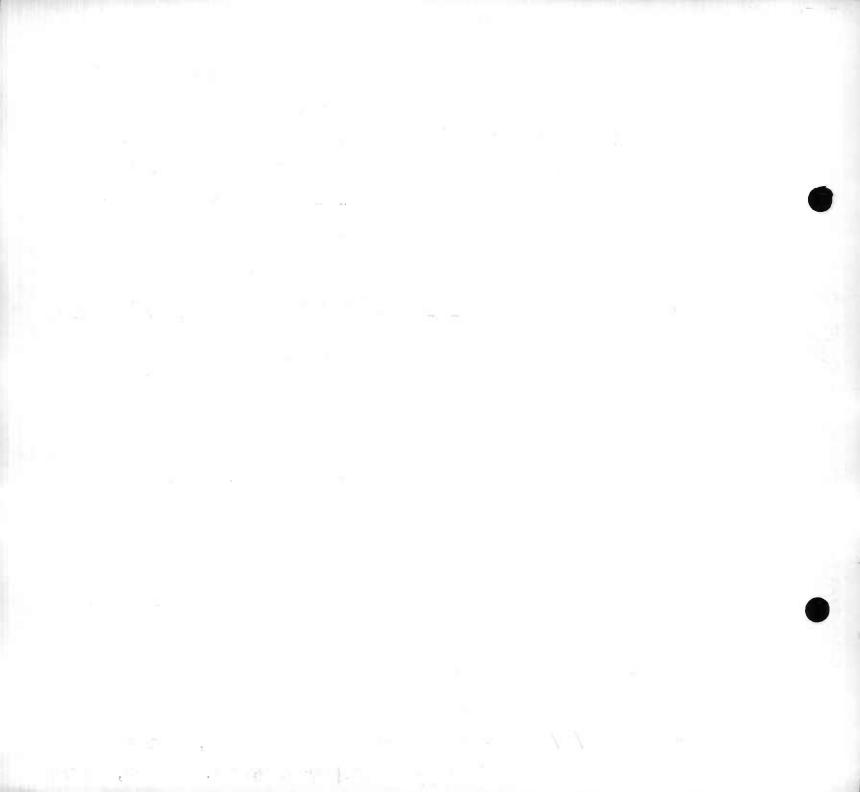
FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT







VS153 4-24-69 MH.

G-425

69 4074 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO	407
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BIR	TH NO.		WED	ICAL	EXA	AMINER 5 C	EKIIFI	LATE OF	DEATI	REG. NO	00	307	1
. 1	NAME OF DEC	EASED					2. DATE	Known 🔲	Month	Doy	Yeor	Hour	
Type or Print) CHARLES E. GLOSSNER					R	OF DEATH	Estimoted	April	17, 196	9	1:50	P. M.	
l. F	PLACE IN BALT	IMORE, MA	RYLAND, W	HERE PR	ONOU	NCED DEAD	3. DATE	5,	Month	Doy		Hour	
10	L NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITA	LORINS	NOITUTION	, GIVE STREET		SIDENCE (Where		17, 1969		1:50	
)	2924	G1enmon	ce Ave	nue			A STATE	Maryland		B. COUNTY	27	-00	0
. 5	EX	7. RACE		B. MARR	IED 🗌	NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?		
1	Male	Whit	te	WIDOV	VED X	DIVORCED	Balt	imore		YES	N N	0 🗆	
	ATE OF BIRTH	07.6	10. AGE (Ir lost birthdo	years	If Under Months	Doys Hours Min.		Glenmore	Avenue			1	
	t. 20,1			XX	12. CITI	ZEN OF	13. FATHER		II V CIAGO				
•			, ,		WH.	AT COUNTRY?		0					
4 A	Maryla		bind of work	IAR KINIT	OF BUS	SINESS OR INDUSTRY	115 MOTHE	S MAIDEN NA		lossner			
one	during most of w	orking life, eve	en if retired)	AU. KIIYL	Or bo.	SHAESS OK HADOSIKI	NOTITE						
	Salesman		16 451455	FORGE	0 1.7		10 1015004		nown	45	DRESS		
6. Yes	WAS DECEASE , no or unknown)	(If yes, give w	or or dotes	of service) 1/	SOCIAL SECURITY NO.	18. INFORA				0		
_	Yes	WW	11			217-03-2991		y C Gloss	ner 5 I	ellowsh		OXIMATE IN	YEDVA4
	19.441	91				CAUSE OF DEA	TH					N ONSET AN	
	DISEASE	E OR COND	TION DIREC	CTLY		Ruptured	aneury	sm of aor	ta due	to			
		LEADING TO				(A)IMMEDIATE C	AUSE						
	heort foilure,	ot meon the osthenio, etc. oplication which	It meons the	diseose,			NSWINCTON SER	MENTROPY					
						Antoni	0001000	tic condi	01100011	lor dico	200		
		NTECEDENT				[D]	AS A CONSE	tic cardi	ovascu	tar urse	ase		
	RISE TO THE	OR CONDITION	JNS, IF ANY JSE (A) STA	, GIVING		DUE 10, OK	AS A CONSE	JUENCE OF:					
z	UNDERLYIN	IG CONDITI	ON LAST.			(c)							
ATION			II										
FICA	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL	Fatty	Liver						
RT						HICH OPERATION WA	AS PERFORM	ED			21. AUTOP	SY? (Yes o	r No)
ü	2.										yes	(par	tial)
ICAL	22A. EXTERI	NAL CAUSE		71	228. PL A	ACE OF INJURY(e.g., orm, foctory, street, office	in or obout 2 e bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Boltimor	e City, give exoc		(Pul	
JEE.	UTING CA			\ (t)	1 205	INJURY OCCURRED		2F. HOW DID IN	IIIIDV OCCI	102			
_	OF INJURY (APPROX.)	(Month) (U	oy) (Yeo	·) (Hou	'	LEAT NOT	WHILE	ZF. HOW DID IN	JOKY OCCU	r			
	23.	- 1111				-	artial)					17-12-	
	I cert	ify that I h	eld an I	nquiry [_	1 1 14	tapsy 🛚 🗡	and that an t	his basis,	death in my d	pinlan		
	result	red fram: N	ofural cau	ses 🔣	Acc	ident Suicio	de Ho	ımicide 🗌	Undetermin	red manner			
		6	/	011	11	. 0		CHIEF MEDICAL	EXAMINER			ATE CICA	150
	ACTUAL	no 11/	wels	141	la	ble	ASSI	STANT MEDICAL	EXAMINER	x	L	DATE SIGN	IED
	SIGNATU	ER'S DOT	ald N	Kor	nb1111	m,M.D.	ASSC	CIATE MEDICAL	FXAMINER		4	/18/6	9
	NAME (T		a Lu	ROL	LLD I G	,114.0	7550	CIAIL MEDICAL	EXATINITY CIT	_		,, -	
	A. BURIAL CREA	MATION, 2	48. DATE		24C. I	NAME of CEMETERY	ar CREMATO	ORY 24D.	LOCATION	(City, town,	or county)	(Stot	e)
RE.	MOVAL (Specif	Y)	1. /27 /	50		Monoland M.	omorri o 7	Donle	Poltin.	ma Man	rel and		
0.5	Burial	DV UEALTIL	4/21/6	-	IA ME C	Moreland No		PATK		ore, Mar	y Land DRESS		-
25	A. DATE REC'D	DI HEALIH I			AME O	A 7 A		onard J R				Marvl	and
		APR &	1 1969	U	المدال	E. Janey	Le	onard J h	tuck in	C. Darer	11101.0	ried y 1	, cos a ca
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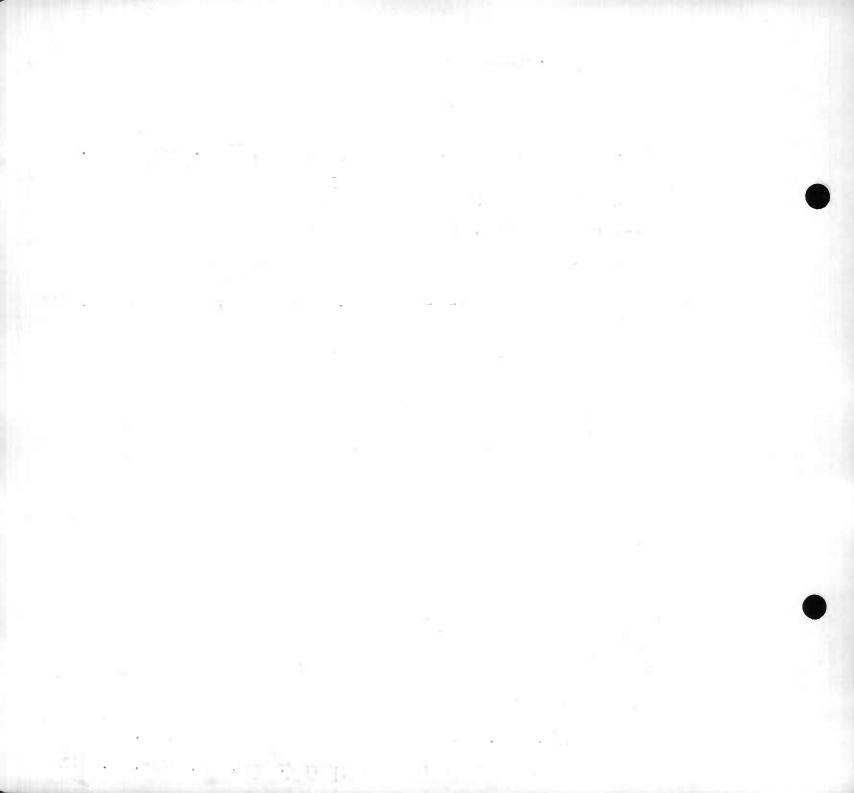
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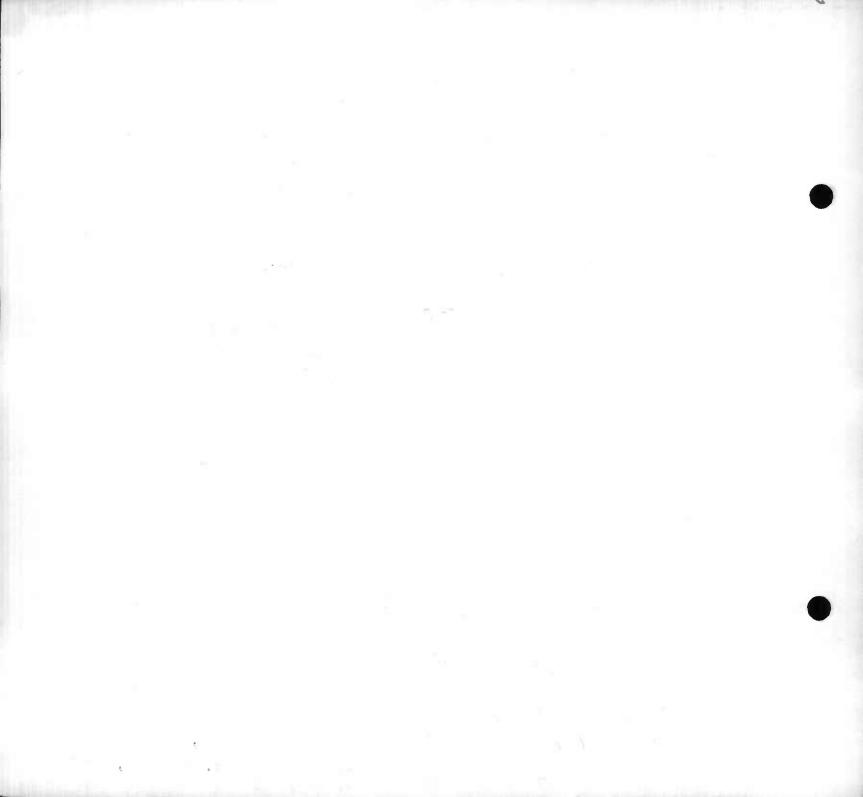
hospital

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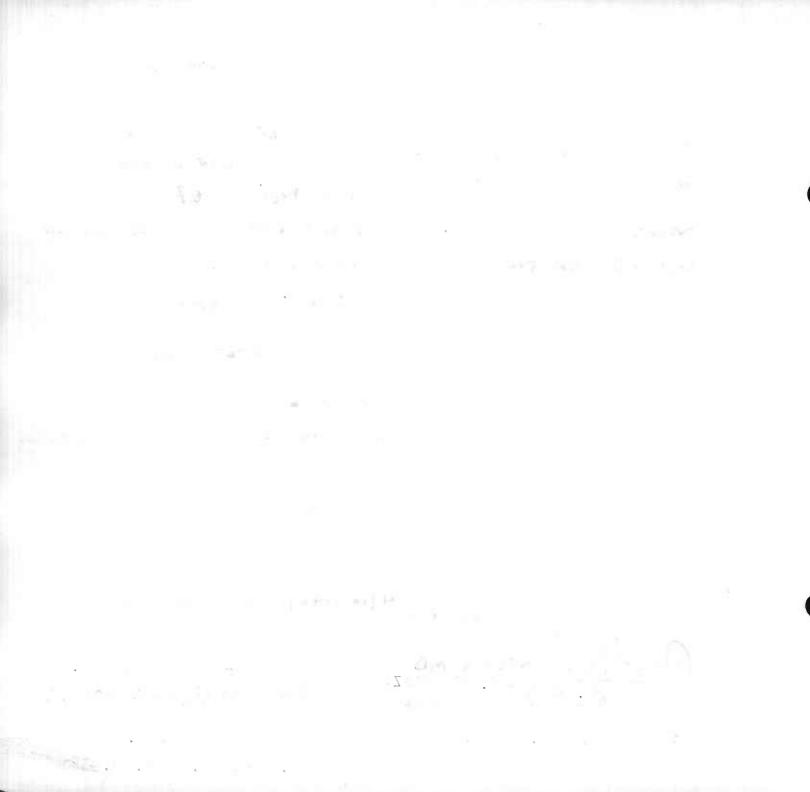
DIRECTOR:

FUNERAL





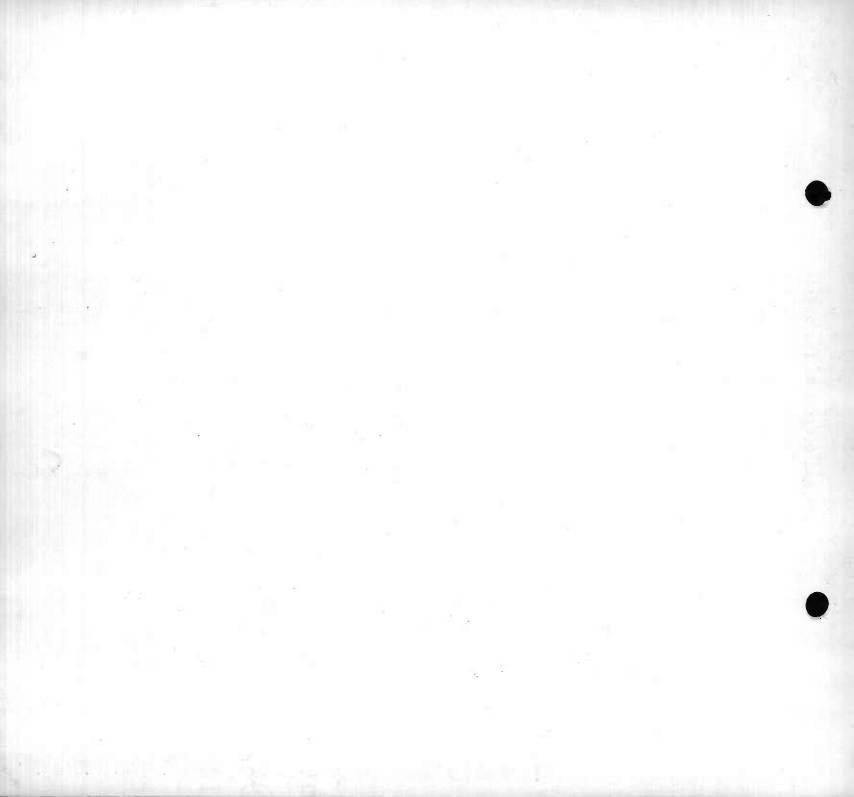
	69	3 40	71.	HEALTH DEPARTMENT		00 4070
BIRTH NO.		7 40	CERTIFICA	TE OF DEATH	REG. NO.	03 40/3
(Type or Print)	SMIT	4	ERMAN M	. 4/1	B DEATH	59 1-45 pm - N
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE MESIDENCE Whee	re deceased lived. If inst	Iulion: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN		27-33 ECITY LIMITS?
1				BALTIMORE		YES X NO
UNION	MEMORIA	4 4	OSPITAL	E. SIKEEL AND NUMBER	THERN AVE	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTHE COO	O AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
M IISIIAI OCCI	IBATION (Give hind of worth	WIDOWED	DIVORCED DIVORCED DIVINESS OR INDUSTRY	10-5-x160x1	66	
done during most of	working life, even if retired)					12. CITIZEN OF WHAT COUNTRY
	<pre>\$ Printing</pre>	G &c	E Co.	MARYLANG		AMERICAN .
13. FATHER'S NAM				14. MOTHER'S MAIDEN NA	174,50	
	GE SMI	•		DAXSY F	TCH	
15. Wos Deceosed (Yes, no or unknown)	Ever in U. S. Armed Ford Of yes, give wor or dote:	ces? s of service)	SECURITY NO.	Mrs. May C. Smi	ith come	ADDRESS
18. / /	0		CAUSE OF DEAT		SAME.	APPROXIMATE INTERVAL
	E OR CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH of mean the made of	duing on	(A) IMMEDIATE CAL	ISE CARDIO-RESP A CONSEQUENCE OF:	IRATORY AR	REST.
heort failure,	aslhenia, elc. Il means plicalian which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
1	NTECEDENT CAUSES		C 750	./40.1		1
DISEASES O	R CONDITIONS, if	anv. aivina	DUE TO, OR AS	A CONSEQUENCE OF:		
rise lo lhe	abave cause (A) CONDITION lost.		(c) COLON		*	14 MONTHS
z	11					
TO THE DEATH	ICANT CONDITIONS CON H BUT NOT RELATED TO TH	E TERMINAL				
U 19A. DATE OF	ONDITION GIVEN IN PART OPERATION 198 CONT	I (A).	VHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FIN	IDINGS CONSIDERED
	WAS PERF	ORMED		NO	IN CERTIFYING CAUS	ES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	21 B. homelc.)	e, form, foctory, street, at	n of about 21C, WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore (City, give exoci locotion)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
APPROX.)		Whi	le Al Work	· 🗆		
22. I certify	that (I) (this hospital)	attended th	ne deceased from 4	116 11969 3	D to LI -	18- 1967
	last sow the decease			10		in death occurred an the date
and hour and	fram the causes state	ed above. (1)) (We) (did) (did nat) v	lew the body after death.		
23A SIGNATU	1///				2:	B. DATE SIGNED
(-)	callage!	NIEK	Phys	nding Med. Director	Staff Phys. 161	4/18/69.
23C. PHYSICIAN NAME ITY	CARLOS	RLOS A	. 0	110 W. THE 41	VION MEMORI	ALOHOSP ITAL
24A. BURIAL CREA	AATION, 248, DATE		ME of CEMETERY OF CRE	. 10	CATION (City,	town, or county! (Stotel
Burial	1 1 1 11	Par	kwood Cemeter		Baltimore,	
25A. DATE REC'D		25B. NAME O	Company of the Compan	~		
	APR 21 1969	00 2	COLMIA	Leonard J. Bu	ck, Inc. Balt	to. Md. 21214
VS 150-REV. 1/1/6			The state of the s	4443		



		Y HEALTH DEPARTMENT	4000
BI	MH NO. 69 4080 CERTIFICA	ATE OF DEATH REG. NO.	4080
1.	NAME OF DECEASED Pe of Print! Mary Brogan	2. DATE AND HOUR OF DEATH	000 A
3.	PLACE IN BALTIMORE, MAILLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution A, STATE B, COUNTY	esidence before odmission)
II H	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY I	5-10 LIMITS?
1	Mercy Haspital	E. STREET AND NUMBER 3914 DOLLIELS	NO [
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED V DIVORCED	8. DATE OF BIRTH 9. AGE (In Feers If Und. Months) - 18-84	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
t0.	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CIT	ZEN OF WHAT COUNTRY?
	Housewife -	Ireland	71.5A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	et i i j
16	John Bourke	Mary Heigh	
(Ye	Was Docoosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
_	118. CAUSE OF DEA.	Patrick Broggy 3914 Dolf	
	DISEASE OF CONDITION DIRECTLY	in .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	USE Brocks preumoria	days
		A CONSEQUENCE OF:	
	ANTECEDENT CAUSES	selerate Carrany Least deserve	years.
	DISEASES OR CONDITIONS, if ony, giving nise to the obove couse (A) stoling the UNDERLYING CONDITION tost.	S A CONSEQUENCE OF:	1
	11 /		
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	ded julmorary emboli	days
RTIFIC	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OP	CONSIDERED DEATH?
CAR	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, sireet, ceta)	in or obout 21 C. WHERE DID (If In Boltimore City, give office bldg., INJURY OCCUR?	re exact location)
MEDI	21D.TIME (Month) (Doy) (Year) (Haur) 21E INJURY OCCURRED While At Not Whi		
	Work Al Work 22. I certify that (+) (this hospital) attended the deceased from	4-12 1969 10 4 -	19 10/19
	that (N) (we) last saw the deceosed alive an 4-19	19_69ond that In(my) (aur) opinion dec	th accurred on the dote
	ond hour and from the couses stoted abave. (1) (We) (did) (did not)		
	Lheles 2/- Those m5. AM	ending Med. Staff 238, DA1	E SIGNED 4 - 19 - 69
	23C. PHYSICIAN'S NAME (Type) Philesp H. Moore M.D.	170-cy Hospital	,, ,,
24		EMATORY 240. LOCATION (City, town, o	or county) (State)
25	DUTIAL 4/22/49 NEW CaT4edral	Cenetory Bullinere, 1	M27-4/24d
	APR 21 1969 (Loud E. Farleyna	Charles L. STEVENS FUNEYS	I HOOMESS THE
VS	150-REV. 1/1/68		



VS 150-REV. 1/1/6B



G-630

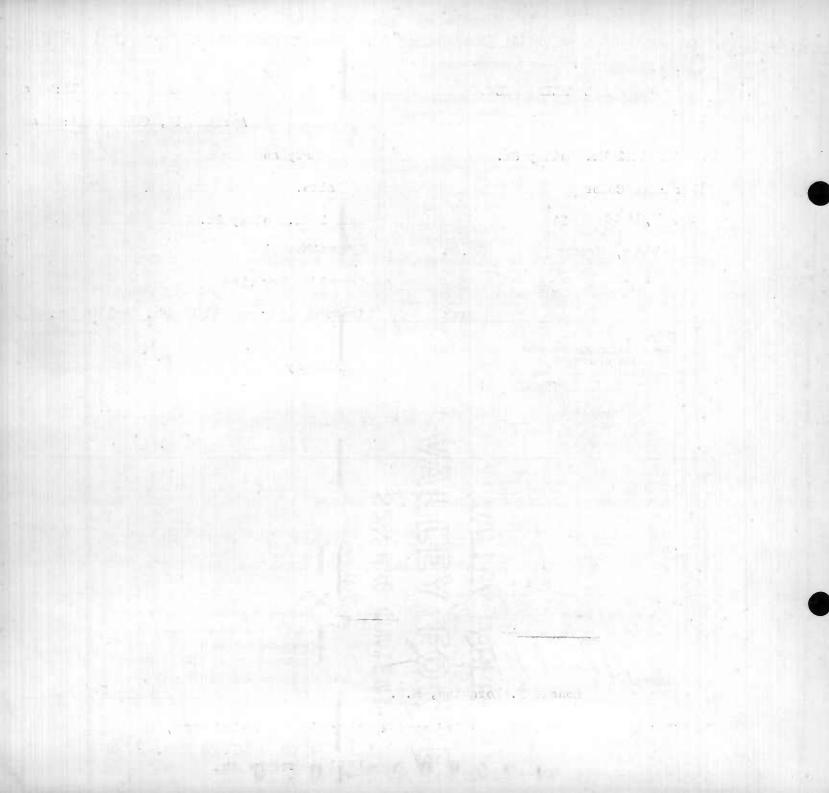
69 4082

	DIDTH NO	MEL	JICAL EXAMI	INEK 2	CKIIFI	CATE OF	DEAT	REG. NO		
H	BIRTH NO. 1. NAME OF DEC	EASED Lore	++0	- 10	2. DATE	Known ses	Month	Doy	Year	Hour
	(Type or Print)	—			OF	Estimated				
l			GARRETT WHERE PRONOUNCED I	DEAD	3. DATE	Estimated [Month	19 Day	69 Yeor	8:34 aM.
	FULL NAME OF		AL OR INSTITUTION, GIVE S			JNCED DEAD				
	HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)		5 IISHAL P	ESIDENCE (When		il 19	1969	
I	28				A. STATE	COIDEITCE (Mile)		B. COUNTY	17	1 17
	6. SEX	versity Hos	oital		C. CITY OR	Marylan	d	In thising ou	X III	1/
	o. JEX	/. RACE	B. MARRIED NEVER		C. CITT OK	TOWN		D. INSIDE CIT	LIMITS	
	Female	Colored		IVORCED L		Balto.		YE	s 1	40 L
I	9. DATE OF BIRTH	10. AGE (last birthd	In years If Under 1 Yr, If Manths i Doys i		E. STREET	ND NUMBER				
I	Feb. 24	1943 2	5		2	2849 W. G	arrison			
I	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN O		13. FATHER	S NAME				
	Baltimo	ore, Md.	US.	A		Morton				
	14A.USUAL OCCUI dane during mast af w	PATION (Give kind of world arking life, even if retired)	14B. KIND OF BUSINESS	OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME			
I	Intersta				Mill	ie Anne	Young	3		
I	16. WAS DECEASE	ED EVER IN U.S. ARME	D FORCES? 17. SOCI	IAL IRITY NO.	IB. INFORM	MANT		AC	DRESS	
1	(100,10001)	(ii you, give wat at a date.		38-697	9 Mil	lie Lew	is 28	349 W.	Garri	son Ave,
I	19.5 9	S Vi	C	AUSE OF DEA	TH					PROXIMATE INTERVAL
	DISEASI	E OR CONDITION DIR	CTIV							
		LEADING TO DEATH		A)IMMEDIATE C	AUSE C1	inshot wo	und of	the nec	le	
		at meon the made of d osthenio, etc. It means th	ying, e.g.,		AS A CONSEQ	UENCE OF:	-944.VV.A.		£34	
		plicotian which coused de		domn'	licated	hu auadr	inloci	a and hr	onchor	oneumonia
ŀ	ΔΛ	NTECEDENT CAUSES					Thregr	a and br	onchor	phedmonia
I	DISEASES	OR CONDITIONS, IF AN	ıy, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
ı	UNDERLYIN	ABOVE CAUSE (A) STA	ATING THE							
I	OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF		(0	c)						
l	OTHER SIGN	II IFICANT CONDITIONS (ONTRIBUTING							
J	O THE DEA	TH BUT NOT RELATED TO	THE TERMINAL							
I	20A. DATE OF		NDITION FOR WHICH O	PERATION WA	AS PERFORM	ED			21. AUTO	PSY? (Yes ar No)
I	8 2	35								******
I	₹ 22A. EXTER	NAL CAUSE WAS	22B. PLACE OF	INJURY(e.g.,	in ar about 2	2C. WHERE DID	(If in Boltima	e City, give exo	t locotian)	YES
	S UNDERLYING	OR CONTRIB-	home, farm, foct	ory, street, office	e bldg., etc.) II	NJURY OCCUR?			7	6-06
l	Z 22D. TIME ((Month) (Doy) (Yes	or) (Hour) 22E.INJURY	OCCURRED	2	2F. HOW DID IN	JURY OCCU	ck N. Du	keland	Ave.
ı	OF INJURY (APPROX.)		WHILE AT	not	WHILE					
I	23.	3 28 69	9:45pm. WORK L	AT W	ORK XXI B	ubject wh	ile in	auto		
l	I cert	ify that I held an	Inquiry Inspect	ian Au	tapsy XX	and that on	his basis,	deoth in my	apinian	
ľ	result	red from: Natural ca		_	e H	micide XX	Undetermi	ned manner	i	
I			1 2 1 7	1	-	CHIEF MEDICAL				
I	ACTUAL	1/12	1 11/2.10	1		STANT MEDICAL		xx		DATE SIGNED
	SIGNATU		Mour	M.D						
į	EXAMINI NAME (T	land	J 37 77 1 1	W D	ASSC	CIATE MEDICAL	EXAMINEK	1.120	160	
	24A. BURIAL CREA	MATION, 24B. DATE	d N. Kornblum	of CEMETERY	ar CREMATO	DRY 24D	LOCATION	(City, town	, ar county)	(Stote)
	REMOVAL (Specific Burial	1/22	/69 Arbu	tus Me	m. Par	rk	Balti	more N	1d.	
	25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGIS			UNERAL DIRECT			DDRESS	
		Apply 1 to	0	407		RTON & I		F. H. 1	ENC.	
		20	11 924-6	De Bro	1.70	h Laure	ns St			
	VS 151-REV. 1/1/6B	and the same of	A 4	1 . 1/	2 6 3	W 4 6	.0			

·eɔ. THE SHAPSHIP AIR SOOF NO HIE ST. 1990 and the second of the second o

69 4	1083	BALTIMORE CITY HEALTH DEPARTMENT
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MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 4983
BIRTH NO.	REG. NO.
NAME OF DECEASED Type or Print)	2. DATE Known Month Doy Year Hour
LEGALTA NELSON	OF DEATH Estimoted 4 19 69 11:40 N
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	April 19, 1969 11:40 am
OK INCHIONOTO	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
1102 Mt. Holley St.	Maryland /6-00
5. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Colored WIDOWED DIVORCED	Ralto YES NO
P. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs.	I DOLLO
lost birthdoy) Months Doys Hours Min.	
Aug. 2,1944 24	1102 Mt. Holley St.
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Dallas, Texas WHAT COUNTRY?	LEON FRAZIER
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
lone during most of working life, even if retired)	
LI COCIAL	Legalia Frazier
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
unk	Linwood Nelson 1102 Mt. Holly St.
19. CAUSE OF DEA	
345.71	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO OR	CAUSE Epilepsy
heart foilure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OF COMMENTAL CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	/AS PERFORMED 21. AUTOPSY? (Yes or No)
7	YES
▼ 22A. EXTERNAL CAUSE WAS 22B, PLACE OF INJURY(e.g.,	1 JOSE WHERE DID W. Baltimore City of the state of the st
	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ce bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
2 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	T WHILE
m. WORK AT V	WORK L
	utapsy XX and that an this basis, death in my apinian
resulted fram: Natural causes XX Accident Suici	de 🔲 Hamicide 🔲 Undetermined manner 🔲
	CHIEF MEDICAL EXAMINER
ACTUAL / / / /	ASSISTANT MEDICAL EXAMINER XX
SIGNATURE ME ME	D
NAME (Ivos) Panald N. Kamblum M.D.	ASSOCIATE MEDICAL EXAMINER 4/20/69
NAME (Type) Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	Carry, town, or country (Stole)
BURIAE9 4/24/69 Baltimore	National Baltimore, Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25 GUFUNERAL DIRECTOR ADDRESS
	25 MUNERAL DIRECTOR & DYETT FUN. HOME
600 9 1000 Q 01 600 Back	1701 Aaurens St.
/S 151.REV 1/1/6B	40.0



2-2-71

VS 151-REV. 1/1/6B

			69	200	-	ALTIMORE CITY HE					CC	1001
			MED	ICAL	EX	AMINER'S	CERTIFIC	CATE O	F DEA	TH REG. NO.	69	4084
	TH NO.									WEO. 110.		
1. 1	NAME OF DEC	EASED					2. DATE	Known 🔄	Month	Doy	Yeor	Hour
(IA)	(Type or Print) HERMAN JOHNSON						OF DEATH	Estimoted [4	20	69	2:25 am.
4.	PLACE IN BAL			HERE PR	ONOU	NCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FUL	L NAME OF	(IF NO	T IN HOSPITA	LORINST	ITUTION	, GIVE STREET	PRONO	JNCED DEAD				
HO	SPITAL INSTITUTION	ADDRE	ESS OR LOCAT	ION)			- HCHAL B		April	20.	1969	2:25 am.
011							A. STATE	ESIDENCE (WI	ere deceosed	B. COUNTY	n: residence t	pefore odmission)
6	20	12 S.	Rosed	ale D	Ω.Α	4.		12 S. Ro	sedale		d	,0-06
6.	SEX	7. RACE		B. MARR		NEVER MARRIED	C. CITY OR	12 S. Ro		D. INSIDE C	ITY LIMITS?	
,	יייי די די מע	MEGDO					Bal	timore	. Md.		 诱	
_	MALE'	NEGRO	10. AGE (In	WIDOW		DIVORCED L				Y	ES 🖺	NO L
У. [DATE OF BIRT	П	lost birthdoy		Months	r 1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. SIKEEL A	ND NUMBER				
N	ov. 22,	1924	44	'			12 5	Rose	ale c	+		
11.	BIRTHPLACE (S	tote or foreig	on country)			IZEN OF	13. FATHER	SNAME	MILE L			
	Kilmar	mock	772		WH	AT COUNTRY?	Pon	damen .	Tabaaa			
1 4 6				AR KIND	OF BU	SINESS OR INDUSTR	Dell	jamin J	onnsc	n		
don	e during most of v	vorking life, ev	en if retired)	AD, KIND	OF BU	SIIVESS OK IIVDOSIK	TIS. MOTHE	K 3 MAIDEN IN	AME			
S	octal s	Secuti	+-==	Gov	ern	ment	Tenie	Johnso	าท			
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 17	7. SOCIAL	IB. INFORA	TANT	711	A	DDRESS	
(Ye	s, no or unknown	(If yes, give v	wor or dotes	of service)		SECURITY NO.	Duth	Johnso	n 12	C Pos		Ch
_	19. /						1	OOMISC	JII IZ	S. Ros		PROXIMATE INTERVAL
	1413	41				CAUSE OF DEA	TH					EEN ONSET AND DEATH
	DISEAS	F OR COND	ITION DIREC	TLY		Arterio	sclerot	ic cardi	ovascu	lar disea	ISP	
		LEADING TO							o vaboa.	-42 42566		
			mode of dyl			(A)IMMEDIATE	AS A CONSEQUENCE OF:					
			 It meons the ch coused deo 									
				,								
	1A	NTECEDENT	CAUSES			(B)						
	DISEASES	OR CONDITI	ONS, IF ANY,	, GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
		E ABOVE CA NG CONDIT	USE (A) STAT	ING THE								
Z	OTTOERETT		or thor.			(C)						
CERTIFICATION			II.						1000			
8			NDITIONS CO									
표			GIVEN IN PA		INAL							
R	20A. DATE OF	OPERATION	N 20B. CON	IDITION	FOR W	HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
낑												
AL	004											_No
0	22A. EXTER UNDERLYING	NAL CAUSE			22B.PL/ home.fo	ACE OF INJURY(e.g., orm, foctory, street, office	in or obout 2 ce blda etc.)	2C. WHERE DI NJURY OCCUR	D (It In Boltin	nore City, give ex	oct locotion)	
EDIC	UTING CA					, , , , , , , , , , , , , , , , , , , ,						
Σ	22D. TIME	(Month) (D) (Hour) 22E.	INJURY OCCURRED	2	2F. HOW DID	INJURY OC	CUR?		
	OF INJURY (APPROX.)				WHI	LE AT NO	T WHILE					
	,				m. WO	RK L AT	WORK L					
	23.			_	٦.	m						
	I cert	ify that I h	eld an Ir	nquiry L		nspection XX A	topsy 🔲	and that or	this basi	s, death in my	apinian	
	resul	ted from:	oturol caus	ses XX	Age	ident Suici	de 🗌 Ho	micide 🗌	Undeter	nined manner		
		HT		4	, 1	1		CHIEF MEDICA	I EXAMINE			
	ACTUAL	< W	ΛΛΛ		U,							DATE SIGNED
	SIGNATI	URE	00)	V	C	M.I.	D. ASSI	STANT MEDICA	AL EXAMINE	y perk		
	EXAMIN	ER'S					ASSC	CIATE MEDICA	AL EXAMINE			
	NAME (1		E	dward	F.	Wilson, M.	D				20/69	
	A. BURIAL CRE		24B. DATE		24C.	NAME of CEMETERY	or CREMATO	DRY 24	D. LOCATIO		n, or county) (Stote)
	MOVAL (Speci	ty)	1/00/						4			
-	rial		4/23/6			Baltimore		7.4.4		imore	Md.	
25	A. DATE REC'D	BY HEALTH	- 1000	25B. N		F REGISTRAR		FUNERAL DIRE			ADDRESS	
		A Par	1 1969	C1.0	Me Li	E Janky	MO!	707 0		FUNERA	L HOM	IE.
_		3.00-13		4500	-			/ul lat	mens	St.		
VS	151-REV. 1/1/6E	3		1 9	()	7 0	6	0 1	-			

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9 4085 BALTIMORE CITY HEALTH DEPAR	TMENT
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH ...

085
08

BIRTH NO.		MEL	ICAL	EXAMINER 3	CEKIIF	ICATE OF	DEAL	REG. NO.	.,,	1000
1. NAME OF DEC	CEASED				2. DATE	Known X	Month	Dov	Yeor	Hour
(Type ar Print)		OWARD V	T. HIIN	T	OF	Estimated		17, 196		1.001
4. PLACE IN BAL				ONOUNCED DEAD	3. DATE	2311110100	Manth	Doy	Year	Haur M.
FULL NAME OF HOSPITAL				ITUTION, GIVE STREET	14	DUNCED DEAD		17, 196		8:55 A.M
OR INSTITUTION	540 N	. Luzei	ene		5. USUAL A. STATE	RESIDENCE (Whe	100	B. COUNTY	residence b	efare admission)
6. SEX	7. RACE			ED ENEVER MARRIED	C. CITY O			D. INSIDE CIT	TY LIMITS?	0 00
Male	Whi	+0	WIDOW			Baltimor			YEST	
9. DATE OF BIRT		10.AGE (I		ED DIVORCED L	E STREET	AND NUMBER	. e	YE	30x	ио Ц
ept. 4, 1		lost birthdo	y)	Months Doys Hours Min.		540 N. I	uzerne			
11. BIRTHPLACE (State or foreig	gn country)	1	12. CITIZEN OF	13. FATHE	R'S NAME				
Richmon	d. Va.		-11	WHAT COUNTRY?		John I H				
14A.USUAL OCCU	JPATION (Giv	e kind of work	14B. KIND	OF BUSINESS OR INDUSTR		John J. H			-	
done during most of	working life, ev	en if retired)								
Clerk	ED EVED IN	II C ADALE		oing & Receivin		sabelle	7	A.D	DDFCC	
16. WAS DECEAS (Yes, na or unknawn	(If yes, give	war ar dates	of service)	SECURITY NO.	18. INFOR					Md. 21221
No				220 03 255		ard V. Hur	nt. Jr.	18 Drif	twood	Court.
19. 4	9.4	!		CAUSE OF DEA	ATH				AP	PROXIMATE INTERVAL
DISEAS	E OR COND	ITION DIRE	CTIV	Arterio	sclero	ic cardio	vascu1	ar disea		tall office fire gami
	LEADING TO		CILI							
(This daes n	nat mean the	mode of dy	ing, e.g.,	(A)IMMEDIATE DUE TO, OR	AS A CONSE	QUENCE OF:				
	e, osthenla, etc mplicotian whi			,						
						10.0				
	NTECEDENT			(B)		~~~~	******			
DISEASES	OR CONDITI E ABOVE CA	ONS, IF AN'	, GIVING	DUE TO, OR	AS A CONS	EQUENCE OF:				
UNDERLYII	NG CONDIT			(c)						
<u>ō</u>		**		(~/						
O THE DE	NIFICANT COI ATH BUT NOT R CONDITION	RELATED TO	THE TERMI							
20A. DATE OF				OR WHICH OPERATION W	AS PERFOR	MED			21 AUTC	PSY? (Yes or Na)
8			4DIIIO141	OR WINCH OF ERAHOUT TO	AS I ERIOR	WED .				
J 1/2/2										es
UNDERLYING UTING CA		ITRIB-	Î	22B.PLACE OF INJURY(e.g. nome, form, foctory, street, offi	, in ar obout ce bldg., etc.)	1NJURY OCCUR?	(If in Baltimo	re City, give exo	at locotian)	
≥ 22D. TIME		Doy) (Yea	r) (Hour	22E.INJURY OCCURRED		22F. HOW DID II	VJURY OCC	UR?		
OF INJURY (APPROX.)					T WHILE					
23.				m. WORK LAT	WORK [
	tify that I h	eld on I	nquiry [Inspection A	topsy K	ond that on	this basis,	deoth In my	opinion	
resul	ted from: N	lotural cou	ses X	Accident Suici	de 🗌 🕒	lomicide 🔲	Undetermi	ned monner		
	13	7 (20	01		CHIEF MEDICAL	EXAMINER			
ACTUAL	()	,)		1 =+	ASS	SISTANT MEDICAL		X		DATE SIGNED
SIGNAT		are	, ,	M.I).					
NAME (Type)		S. Spr	ingate / M.D.		OCIATE MEDICAL			il 17	, 1969
24A. BURIAL CRE REMOVAL (Speci		24B. DATE		24C. NAME of CEMETERY	or CREMAI		LOCATION		, ar caunty)	
Burial		4/21/	69	Qak Lawn Co	neterv		altimo		Maryla	and
25 A. DATE REC'D	BY HEALTH	DEPT.	25B. NA	AME OF REGISTRAR	28C	FUNERAL DIREC	Se Su	under A	DDRESS	
			. 0	1 0 07 0	Bir	zdzinski	Funera	Home 1	407 F.	stem Av-
VS 151-REV. 1/1/6	R AIN	1 2 2 10	10 A		17/1	0 7 1	7	The same of	40/ Ea	astern Ave
3 131-KEV. 1/1/01	35 10	5 30 Full 14	ANN U	LOW AND THE PARTY OF THE PARTY	-	. ,	200			

TRE , 4 , Just Richmond, Va. 1 of the Common Carry Shipping & mostving Carriedle I. 220 03 2550 Edward I. Hunt, Mr. 18 Delivered in

indicate ... Supplied

A CONTRACT TORE shed Lemma Liquid Days

Oak Lines Completely

(8) (5) Latrice | 14/21/6)

CO AL		HEALTH DEPARTMENT	REG. NO	69 4086
)86 CERTIFICA	TE OF DEATH		
I. NAME OF DECEASED (Type or Print) JAMES WAR		2. DATE AND	HOUR OF DEATH	7176.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	D.	TA HEHAL RESIDENCE (WILL)	14/69	2.35 DM
STENSE IN STEINING MAKEND, WHEKE PK	DNOONCED DEAD	A. STATE B. COUNT	Y	0
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	4.4	Col 52-00
ILINSTITUTION		T P	D. INSI	DE CITY LIMITS?
UNIVERSITY HOSPI	TAL	DEALE E. STREET AND NUMBER		YES NO
38		BOX 54.	20751	<u> </u>
	RIED NEVER MARRIED DIVORCED TO	8. DATE OF BIRTH 9	. AGE (In years	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN			n countryl	12. CITIZEN OF WHAT COUNTRY
dane during most of warking life, even if retired) UHIEMPLOYED	- 1	MARYLAI	ND	U5A.
13- FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
LUTHER WARD		15ABELL	E AUT	THELL
15. Was Deceased Ever in U. S. Armed Forces? [Yes, na or unknown] [If yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS
UMR.	SECURITY NO.	JOHN O	OERFER	MD.
	CAUSE OF DEAT	H	1-105	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		NONIB WITH	TEPTIO	BETWEEN ONSET AND DEATH
LEADING TO DEATH	•		,	
(This does not meen the mode of dying, heart failure, asthenia, etc. It means the dise	DOE TO, OR AS	A CONSEQUENCE OF:	**************	*************************************
injury or camplication which caused deoth.)	C/1)	RONIC ALCOR		
ANTECEDENT CAUSES	100 NERN	A CONSEQUENCE OF:	HOLOPBYEN	
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stoting UNDERLYING CONDITION tast.	the (c) STATU	s post of G	DNGRENE ,	2
	()	TIMOMOUNE	7717 1510120	-52.44
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG	J MICE PIEGO		7
TO THE DEATH BUT NOT RELATED TO THE TERMIN OF DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			**********
19A. DATE OF OPERATION 19B. CONDITION F		20A. AUTOPSY? (Yes or No!	208. IF YES, WERE F	INDINGS CONSIDERED
3/3/69. EANERE			CERTIFIED CAC	JULY OF DEATH!
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21D. TIME (Month) (Dayl (Yeor) (Hour)	21 E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROXI	While At Work At Work			
22. 1 certify that (1) (this hospital) attended			69 ta	3/14/ 10/59
that (1) (we) last saw the deceased alive				Ian death accurred an the date
		that	in (my) (aur) apin	ian acain accurred an the date
and haur and from the causes stated above	e. (i) (πe) (aid) (did nat) v	iew the bady after death.		23B, DATE SIGNED
When PD . lea		nding Med. S	haff [/]	3/14/19
237. PHYSICIAN'S	DEGREE Phys	Director P	haff hys.	1/17/0/1
NAME (Typel			4 1100	DITAL
SAA BUBIAL COSMATION DUE DATE	DEGREE	UNIVERSIT		PITAL.
REMOVAL (Specify)	C. NAME of CEMETERY of CRI	MATORY 24D. LO	CATION (City	, town, or county! (Stote)
Borial 3/6/69 f	riendship Me	Thodist Frie	udship.	HH Md.
	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	P 1 Acts	ADDRESS
	2 B. D. For anyan	Wareharty of	uns flat	me /4/1464 (W-
V\$ 150-REV. 1/1/68	The same of the sa	0 0 0 1/37		



BIRTH NO.		CATE OF DEATH REG. N	69 4087				
1. NAME OF DECEASED	/	2. DATE AND HOUR OF E	2				
3. PLACE IN BALTIMORE, MARYLAND, FULL NAME OF HOSPITAL OR ADDRESS OR LOCALISTICITION	WHERE PRONOUNCED DEAD ITAL OR INSTITUTION, GIVE STREET CATION!	4. USUAL RESIDENCE (Where deceased lived, II institution residence below admission A. STATE B. COUNTY Md. Baltimore C. CITY OR TOWN Woodlawn E. STREET AND NUMBER 2810 Greenlawn Rd.					
37 Mercy Hospital							
5. SEX 6. RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		il Under 1 Yr. Il Under 24 Hr Months Days Haurs Min.				
10A, USUAL OCCUPATION (Give kind at wa done during mast af working life, even if retired) Housewife	THE TOR KIND OF BUSINESS OR INDUST	IRY 11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTY				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	u.5.71.				
William Bruon T. 15. Was Deceased Ever in U. S. Armod F. (Yes, na or unknawn) (if yes, give war or da	114 coctat	Delda Wiley 17. INFORMANT	ADDRESS				
no		Mr. Charles I. Hummer	-2810 Greenlawn Rd.;				
DISEASE OR CONDITION D LEADING TO DEATH		AUSE Resilontis seco	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA				
(This does not mean the mode o heart laiture, asthenia, etc. It mean injury at camplication which couse	s the disease, d death.)	AS A CONSEQUENCE OF:					
ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause [A) UNDERLYING CONDITION last.	any, giving (B) DUE TO/ OR	rfcrate of Pruses	ue fejum				
O OTHER SIGNIFICANT CONDITIONS COLD TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	ONTRIBUTING THE TERMINAL						
194 DATE OF OPERATION 198 COI WAS PER	IDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B, IF YES, Y	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examines)	21B. PLACE OF INJURY (e.g home, lorm, foctory, street, etc.)	affice bldg. INJURY OCCUR?	offimore City, give exact locotian)				
21D-TIME (Month) (Dayl (Yead OF INJURY (APPROX.)		21F. HOW DID INJURY OCCUR?					
22. 1 certify that (1) (this haspita		19ta	19				
and hour and from the causes sta		,, () opinion deoth occurred an the da				
23A. SIGNATURE Jaza	yen A	Hending Med. Shaff hys. Director Phys.	23B, DATE SIGNED				
23C.PHYSICIAN'S NAME (Type)	JAZATERY	23D. ADDRESS Mery horp	ill				
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) Burial 4/22/6	24C. NAME OF CEMETERY OF C	Berryville 25C. FUNERAL DIRECTOR John J. Stanzbury, Sr.	(City, town, or county) (Stajet				
	14 Ungon Hill	1 /3 ~ ~ ! / /	1/:				



-10110	BALTIMORE CITY	HEALTH DEPARTMENT	00	4000
69 4	088 CERTIFICA	TE OF DEATH	REG. NO. 53	4088
BIKIH NO.			UR OF DEATH	
Type or Print) ROBERTAL	HURLEY, SI	4-18	-69	8-13 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (Where dece	osed lived. If institution: re	esidence before admission)
ULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	BALTINO	25 40	53-01
OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN DUNDA	LK D. INSIDE CITY LI	IMITS?
CHURCH HOME	n=2 1/201711	BALTIMOR	YES T	NO 🗌
CAURCA FORE	HOSPITAC	E. STREET AND NUMBER	LABIRD.	IVE.
SEX 6. RACE 7. MAG	RIED NEVER MARRIED			r 1 Yr If Under 24 Hrs.
(1)	WED DIVORCED	11-23-04 lost bir		Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or foreign cou	ntry) 12, CITI	ZEN OF WHAT COUNTRY
one during most of working life, even if retired)	1	MARGLAND	11.51	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	407	
CONN HURCE	4	ANDI K.	ING R	207 Knoden
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es,no or unknown) (If yes, give wor or dotes of ser	2/6/027	(5)		
18.	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		Q 7 11	,	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL		ing	3 Krs.
(This daes not mean the mode of dying, heart failure, asthenia, etc. It means the dis		A CONSEQUENCE OF:		
injury or camplication which coused death.)		1		
ANTECEDENT CAUSES	(B)	Cerebrouseul		2 week
DISEASES OR CONDITIONS, if ony, or rise to the above cause (A) stating	giving DUE TO, OR AS	A CONSEQUENCE OF: Parenal Sus	a. the relieve	me exe
UNDERLYING CONDITION last.	(c)	carried or	guinny	0,000
z II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No) 208.	IF YES, WERE FINDINGS CERTIFYING CAUSES OF	CONSIDERED
WAS PERFORMED	- 15 II	NO INC	ERTIFYING CAUSES OF	DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, oetc.)	n or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore City, giv	e exoct location)
21D.TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?	
OF INJURY (APPROX.)	While At Work Not Whi			
22. I certify that (I) (this haspital) atten			ta 4- 18	1966
that (1) (we) last saw the deceased alive	1/ 10	19 64 and that in (/	
and havr and fram the causes stated abo				
23A. SIGNATURE			23 B. DA	TE SIGNED
Corazon 2. Verga	w le D - Ath	ending Med. Staff Phys. [F 4.	-18-69
23C. PHYSICIAN'S NAME (Type)	DEGREE THY	23D. ADDRESS		
CORAZON Z. VERE	SARA, K.D.	Clearch Hone: Hone	D. 100 N. (D)	reducy
	4C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATIO	ON (City, town,	or county) (Stole)
RURIAL 4/21/1969	GODDOS. TH	ITH. RALT	TQ. CO.,	md
25A. DATE REC'D BY HEALTH DEPT. 298. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	8 -10 · 10	ADDRESY
APR 22 1969 (P.C.	with government	My Know pa	12	Colony .
	No.			

BATTINEER Colorectal theirs and layered 314 Parance 6169 11.23.09 64 Millingerich ared 2000 200 200 months Value dullery down to not not not in 216 10275 BI Herry 138 4 deretionments hunder it will adjusted busylences on your HEET N. M. CO. 13 - N. P. - N.

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BIRTH NO.		MED	ICAL	EXAMINERS	CERTIF	CAI	E OF	DEAT	H REG. NO		1003
. NAME OF DECEASED					2. DATE	Knov	vn ★★	Manth	Day	Year	Haur
Type or Print) OTIS DONALDSON				OF DEATH	Estir	nated	4	9	69	2:45 pm	
4. PLACE IN BAL	I. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE			Manth	Day	Year	Haur
FULL NAME OF				THUTION, GIVE STREET	PRONO	UNCED	DEAD	Apri	1 0	1969	2.45 nM
ok in structor	ATE	AM	EN	DED-5/8/4	5. USUAL A. STATE	RESIDEN	CE (Where				befare (dmissian)
Basin 6. SEX	7. RACE	of Wil	120	Westside NEVER MARRIED		faryl:	and		D. INSIDE C	CITY LIMITS?	-01
Male	Colore	d	WIDOW	ED DIVORCED		alto			1	res X	NO 🗌
DATE OF BIRT		10. AGE (In		If Under 1 Yr. If Under 24 Manths : Days : Haurs : /	Hrs. E. STREET						
10-4-15		53	"		-		cElder	ry Ct			
1. BIRTHPLACE (S	tote or foreig	n cauntry)		12. CITIZEN OF	13. FATHE	S'S NAM	E	- p xxx			
North Ca	rolina			WHAT COUNTRY?	J	oseph	Dona	1dson			
4A.USUAL OCCU	PATION (Give	kind af wark	148. KIND	OF BUSINESS OR INDU		-					
Laborer	varking life, eve	en (trefired)			S	ephir	na	Roger			
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 17. SOCIAL	18. INFOR			_	201 4	ADDRESS	
Yes, na ar unknawn NO	(If yes, give w	ar ar dates	of service	SECURITY NO.					02 McEl	Lderry	Ct.
119	2 / 07			CAUSE OF			3			AF	PPROXIMATE INTERVAL
DISEASES (NTECEDENT (OR CONDITION E ABOVE CAU NG CONDITION	CAUSES DNS, IF ANY JSE (A) STA		(B)	OR AS A CONS	EQUENCE	OF:		~~~		
TO THE DEADISE ASE OR 20 A. DATE OF	IFICANT CON ATH BUT NOT CONDITION FOPERATION	RELATED TO GIVEN IN P.	THE TERM ART 1 (A). VDITION	FOR WHICH OPERATION			ഴുക്കുന്നു. ദര്ഷ എന്നു വരു വരു വരു വരു വരു വരു വരു വരു വരു വര	#*************************************			PPSY? (Yes ar No) YES
UNDERLYING		TRIB-		228. PLACE OF INJURY (hame, farm, factory, street,	e.g., in ar abaut affice bldg., etc.)	INJURY	OCCUR?	(If in Baltima	re City, give ex	kact lacation)	
UTING CA 22D. TIME OF INJURY (APPROX.)		TH. ay) (Yea	r) (Hau	WHILE AT	NOT WHILE	22F. HO	WDID IN	JURY OCC	UR?		
ACTUAL SIGNAT EXAMIN NAME (1	URE ER'S	Edward	th	Jilson, M.D.	M.D. ASS	CHIEF MESTANT I	MEDICAL E	Undetermi XAMINER XAMINER XAMINER	ned manner	<u>[X</u> X 4/16/6	
24A. BURIAL CREE REMOVAL (Speci		48. DATE		24C. NAME of CEMET				LOCATION		vn, ar caunty) (State)
Burial		4-21-		Mt. Calvar					., Mary		
25A. DATE REC'D	BY HEALTH	DEPT.	25B. N	AME OF REGISTRAR	25 C.	FUNERA	AL DIRECTO	OR 1735	Harfor	ADDAFSE.	
	DD 25	1060	10	20 I.O.		Mars	hall V	Jon	es, Jr.		
VS 151-REV. 1/1/68	3	1303	750	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	101	-	0 1				

5/8/69 - Affidavit from Mrs. Evelyn Donaldson.

Affer.

IMPORTANT

FUNERAL DIRECTOR:

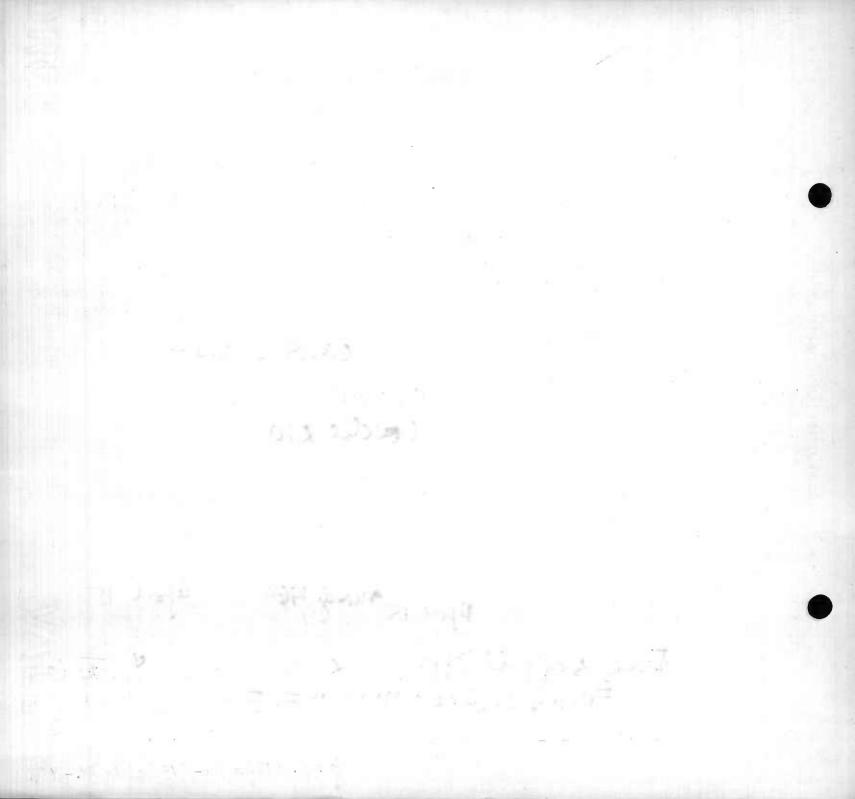
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C	-2001	BALTIMORE CITY HEALTH DEPARTMENT (17 9:30 AM 4/18)
	che the	BIRTH NO. 69 4093 CERTIFICATE OF DEATH REG. NO. 69 4098
	Su Su	1. NAME OF DECEASED (Type or Ring) 2. DATE AND HOUR OF DEATH
	spital of d) Dece nce on eath.	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where developed lived, If institution: residence before odmission) A. STATE B. COUNTY Baltimore, Md.
	G 25 C 25	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 4107 And Co., Alas
	cau se; endo to	HOSPITAL OR ADDRESS OR LOCATION) ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
	ting d caus	() muersity tospital E. STREET AND NUMBER
	ed ar	5. SEX 6. RACE 17. MADDIED TO KIEVED MADDIED TO B. DATE OF RIGHT
	ntrik rmin egul ased s ma	WIDOWED DIVORCED 12 17 20 lost blathdoy) Months: Doys Hours Min.
	th co dete in on i	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	deat Undeas as in	Assembler Bendix Corp. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
-	irect or c (4) Undet was in the dec	ames W. Towers. Charlotte E. Klitch-
Z	at de de	15. Wad Peceosed Ever in U. S. Armed Forces? (Yes, no of unknown) (III yes, give wor or doles of service) SECURITY NO. 17. INFORMANT ADDRESS
MPORTAN	ssiss th de de fin fin	218-01-4050 Charles Chase, husband, above
PO	is as any any ced nda	DISEASE OF CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E	Also Also e of noun atte	LEADING TO DEATH
::	oron ar c	(This does not meon the mode of dying, e.g., heat foilure, asthenia, etc. it means the disease, injury or complication which coused death.)
OR:	frac o p gul	ANTECEDENT CAUSES Blown A A A A A A A A A A A A A A A A A A A
EC	xan xan y A wh	DISEASES OR CONDITIONS, il ony, giving nise to the obove cause (A) stoling the
DIRE	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNDERLYING CONDITION last. (c) Aorti Senois Mutul world
-	medical burns; hysici n was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA	2 0 5	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
UNER	Body the gysicie	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
13	tal by	U 21A. AC (IDENT /WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in of bout /21C. WHERE DID (II In Bollimore City, give exect location)
	hospita nature; ept whe d (6) No	DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) OR INJURY OCCURRED While At Not While At Work Not While At Work
0	the iny an an	22. I certify that (1) (this hospital) attended the deceased fram 3/10/ 1969 to 4//7 1969
	ひちゃるころ	that (1) (we) last saw the deceased alive on 19 and that In (my) (aur) apinian deoth occurred on the date
	dent of death)	ond hour and from the courses stoted obove. (1) (We) (dld) (dld not) view the body ofter deoth. 23A, SIGNATURE
		Attending Med. Staff Director Phys.
		23C. PHYSICIAN / Wanteguy 23D. ADDRESS HOSpital.
	certificat body was 7s: (1) An D.O.A. al ased pric	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	body ws: (1) D.O. Deased	Burial 4/21/69 Baltimore National Cem Baltimore, Md.
	This cert the body shows: () was D.O deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR SCHUMENAL DIRECTOR SCHUMENAL DIREC
		V\$ 150-REV. 1/1/6B



MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 4094
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Known Doy Year Hour
(Type or Print) PAUL A. LEATHERMAN	OF DEATH Estimoted 4 16 69 7:28 a.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	April 16, 1969 7:28 am.
OK MAINDHON	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
618 E. 41st St.	Maryland 9-01
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	- 1
	Balto. YES X NO L
last birthdoy) Months Days Hours Min.	E. STREET AIRD INOMIGER
8/19/19 49	618 E. 41st Street
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
Md. WHAT COUNTRY?	Arthur G. Leatherman
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Y 15. MOTHER'S MAIDEN NAME
done during mast of working life, even if retired)	Nellie Adams
? Manpower	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes, give war or dates at service) SECURITY NO.	18. INFORMANT ADDRESS
yes Army WW 2	Helen Papilon Leatherman, wife, above
19.2 A C CAUSE OF DEA	TH APPROXIMATE INTERVAL
1303,91	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Acute alcoholism
LEADING TO DEATH	CAUSE
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	4XXXXXXXXXXXX
injury or camplication which caused death.)	
ANTECEDENT CAUSES (B) Corc	nary arteriosclerosis AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	The state of the s
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISE ASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
0	YES
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Baltimare City, give exact lacation)
UNDERLYING TOR CONTRIB. home, farm, foctory, street, affic	e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
OF INJURY (Manth) (Doy) (Year) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
[WHILE AI NO!	WHILE
23.	
I certify that I held on Inquiry Inspection Au	tapsy 🕮 and that on this basis, deoth in my opinion
resulted from: Notural causes XX Accident Suicid	
11 11 AR 11 11 1	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER XXX
SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	4/16/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	
Burial 4/21/69 Balto. Nat.	Cem. Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25.C. FUNERAL DIRECTOR ADDRESS-
2701	Schimunek Funeral Home, Inc.
APR 22 1969 1 On Fr & standard	3331 Brehms Lane
VS 151-REV. 1/1/6B	0 1 0 0 7

AU L. FOR SECONDA HEALTH TOTAL 山田中山水

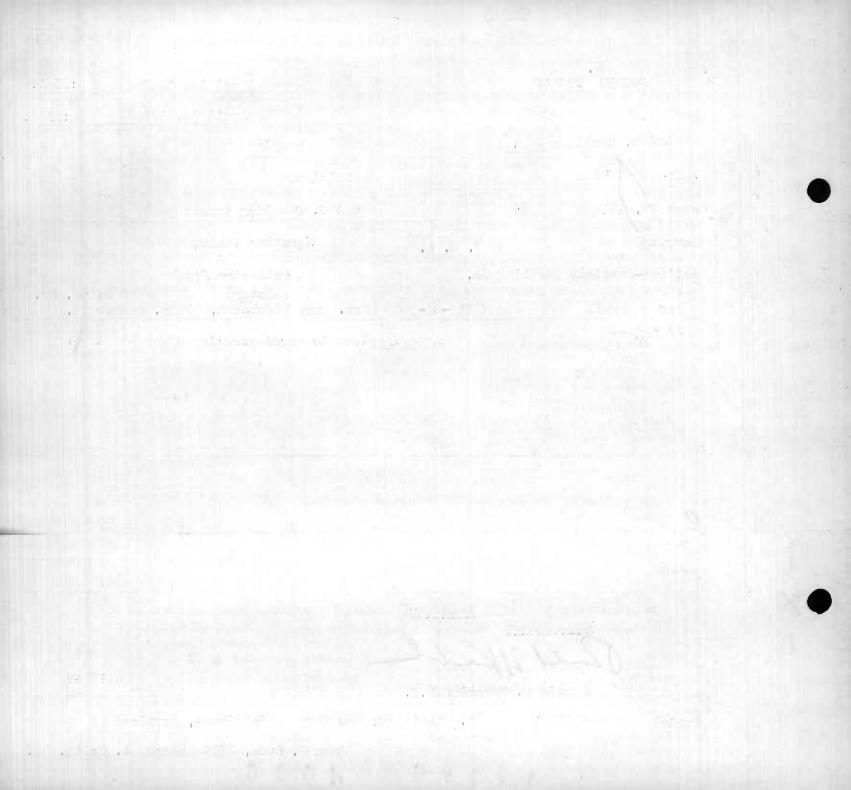
T-240

VS 151-REV. 1/1/68

69 4095 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH.
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CERTIFICATE OF DEATH REG. NO. 69 4095									
2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted April 18, 1969 8:55 A.M.									
3. DATE Month Doy Yeor Hour April 18, 1969 8:55 Am.									
S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY									
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO X									
E. STREET AND NUMBER 404 S. Conkling Street									
13. FATHER'S NAME Ignatius Teclaw									
15. MOTHER'S MAIDEN NAME Katherine Jasek									
Mrs. Mary Piechocki, 929 S. Decker St.									
AS A CONSEQUENCE OF:									
AS PERFORMED 21. AUTOPSY? (Yes or No) 10. 11. 22. WHERE DID (If in Boltimore City, give exact location) 23. AUTOPSY? (Yes or No) 10. 24. AUTOPSY? (Yes or No) 25. HOW DID INJURY OCCUR?									
Accident Suicide Homicide Undetermined manner									

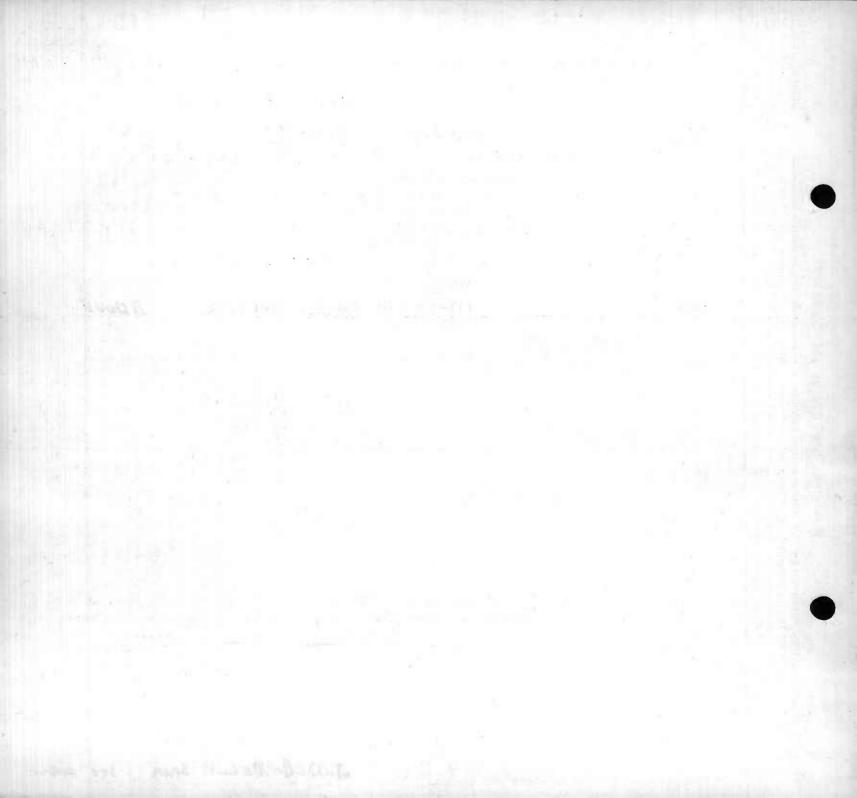


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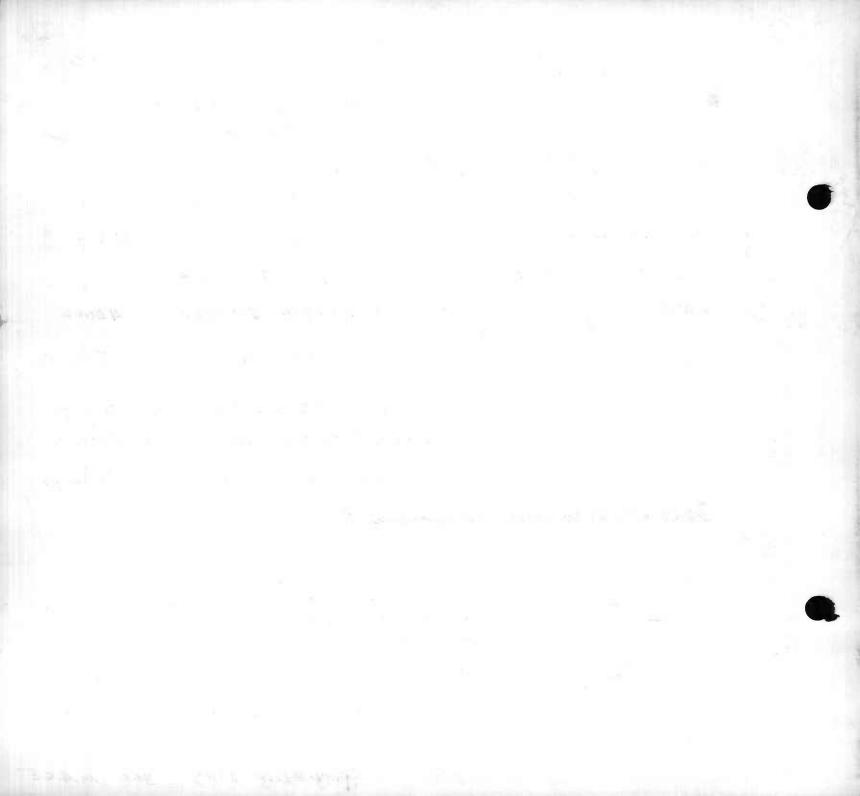
FUNERAL DIRECTOR:

VS 150-REV, 1/1/68

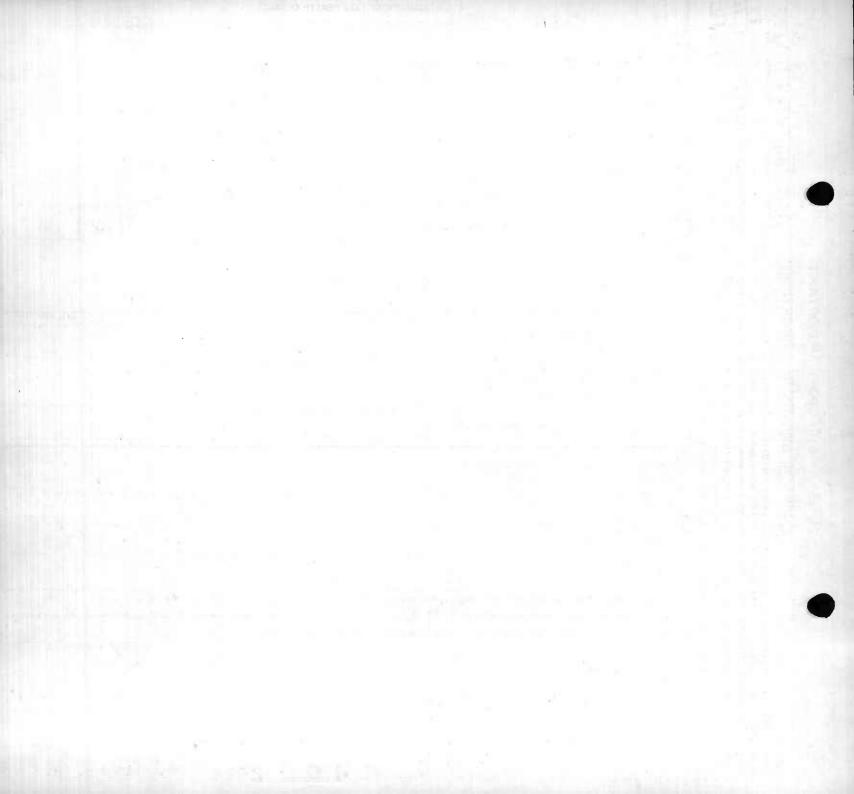
BALTIMORE CITY HEALTH DEPARTMENT



	CG 400°	4	HEALIH DEPAKIMENT	. 11	
	BIRTH NO. 69 4097	CERTIFICA	TE OF DEATH	REG. NO	-69 - 4097
	1. NAME OF DECEASED (Type or Print)			AND HOUR OF DEATH	19,940
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU		4. USUAL RESIDENCE W	here deceased lived. Il inst	69 97 A - M. Illution: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	TON. GIVE STREET	Maryland 8, con	BALTO	^
	HOSPITAL OR ADDRESS OR LOCATION)	non, or to since,	C. CITY OR TOWN	D. INSID	E CITY TIMITS?
	42	,	E. STREET AND NUMBER	EX	YES NO P
o o	Sinai Hospital of Ba	ltimore	36 Clippe	r Road	
E	5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF 1	DIVORCED	6124118	50	
5	done during most of working life, even if retired)	BOSINESS OR INDUSTRI	11. BIRTHPLACE (Stote ar fo	reign country!	12. CITIZEN OF WHAT COUNTRY?
alsposition is	MAINTONAUCET 13. FATHER'S NAME		MO.	AMF	USA
2	MAICKELAS STERMI	50			
	NICKOLAS STERNI 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor ar dotes of service)	6. SOCIAL	MARY S	CHMEK	ADDRESS
		SECURITY NO. 2 12-07-3931	EVELYN	STERNER	ABOVE
5	18. 15 6. 1	CAUSE OF DEATH		27 - 11227	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CTI		Α.
5	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	rrage	5 days
	injury at camplication which caused death.)		,	0 1	
0	ANTECEDENT CAUSES	(B) acc	te rena	Leailure	2 Bdays
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DOE 10, OR AS	A CONSEQUENCE OF:	- +- A icc	81.0
Sill dillig	UNDERLYING CONDITION last.	(c) > 1/0 C/I	2 to perto	nated viscou	SORRYS
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	live	= fails		5days
	OISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A- AUTOPSY? (Yes or	No. 208 IE VES WERE ER	NDINGS CONSIDERED
	\$ 15/69 + 4/8/69 Ca of Lower	immon lu	1 ? Yes	IN CERTIFYING CAU	SES OF DEATH?
	OR CONTRIBUTING CAUSE OF	LACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	(If In Baltimore	City, give exact lacation)
_	DEATH (natily medical examiner) etc.)				
	₹ (APPROX)	At Not White	21F. HOW DID IN	JURY OCCUR?	
	22. 1 certify that (3) (this haspital) attended the	At truik	based	1969 to Apri	17 1969
	that (1) (we) last saw the deceased after an				an death accurred an the date
3	and haur and fram the causes stated above. (1)	y .			
	23A. SIGNATURE	Atte	nding Med.		23B, DATE SIGNED
	Bary Dream, M	D- DEGREE Phys		Staff Phys.	4117169
	NAME (Type) Bassy Grann	MA	Sinai Hos	1111 + 6	2 /1 :
	24A. BURIAL CREMATION, 24B. DATE 24C. NAA REMOVAL (Specify)	AE of CEMETERY OF CRE	700	DCATION (City,	town, or couply) (Stote)
0	BURIAL /21/69 GA	ROENS 0	8 SAITH B	baltimore	, M.d.
Written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	PR	ADDRESS
	VS 150-REV. 1/1/68	40 ctallouthan	LOWN ETT	- 50MS	300 MACE



The said the said Below of the House Come a said to the



VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) D. INSIDE CITY LIMITS? YES T NO L If Under 1 Yr. Months: Days If Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A ADDRESS MRS. Charles Hudgins 315 MONTROSE AVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (if in Baltimare City, give exoci location) ond that in(my) (aur) apinfan death occurred on the date 23 B. DATE SIGNED Caron + Wellens All (City, town, or county)

· 0 - "

17

The states covered the states of the states

Charles Hudgins Bettie

yes and the shortes the same as the

P. ... 4/22/69 Lower PK com BALTE

· Eld mar Thele Bertalogick &

IMPORTAN

DIRECTOR:

FUNERAL

approve

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

6:30

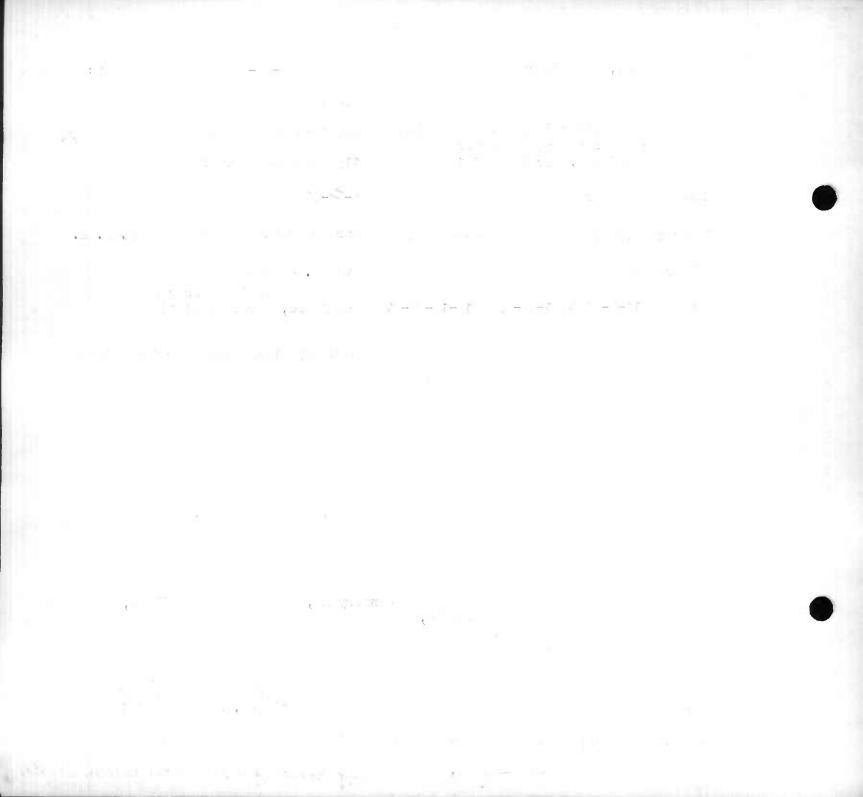
NOX

ADDRESS

APPROXIMATE INTERVAL

Years

If Under 24 Hrs. Hours Min.



BIRTH NO.			L EXAMINER'S				REG. NO.		
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ype or Print)	TALIDEDICE	01H D HD M	Gubert Sr.	OF	Estimoted L	7			
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ULL NAME OF			STITUTION, GIVE STREET		UNCED DEAD	Month	Doy	Teor	nour
OSPITAL	ADDRESS OF	R LOCATION)	SHIOHON, GIVE SIKEEL			April	20.	1969	1:00a
RINSTITUTION				5. USUAL R	RESIDENCE (Wh	ere deceosed	ived. If Institutio	n: residence l	before odmission)
	South R	alto Co	eneral Hosp. D.O	A. STATE	fa1		B. COUNTY	1	4-04
. SEX	7. RACE		RIED NEVER MARRIED	C. CITY OF	lary Land		D. INSIDE C	ITY HAITS?	101
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White	Male		WED DIVORCED		Balto.		٧	ES L	NO L
DATE OF BIRT		GE (In years birthdov)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET	AND NUMBER				
Dec. 20		4vrs.			1811 Wes	tabal I	1000		
	State or foreign cou		12. CITIZEN OF	13. FATHER	S NAME	chuar 1	Tace		
			WHAT COUNTRY?						
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one during most of v	working lile, even if re	etired)	D OF BUSINESS OR INDUSTR	TIS. MOTHE	EK 2 MAIDEN N	AME			
Watchma			If-employed	un	known				
. WAS DECEAS	ED EVER IN U.S. A	ARMED FORCE	S? 17. SOCIAL	18. INFOR			A	DDRESS	
es, no or unknown		dotes of service	security No. 218-03-98	D None	Al and a	Classon	757	EG (1)	7 C4
19.	W.W.	L.	CAUSE OF DEA		.Gloria	DITT. G	168 TOT	.55.01	arless
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24A. BURIAL CREMATION, 24B. DATE

NAME (Type) Edward F. Wilson, M.D.
RIAL CREMATION, | 24B. DATE | 24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, Iown, or county) (State)

REMOVAL (Specify)
Burial 4/22/69 25A. DATE REC'D BY HEALTH DEPT

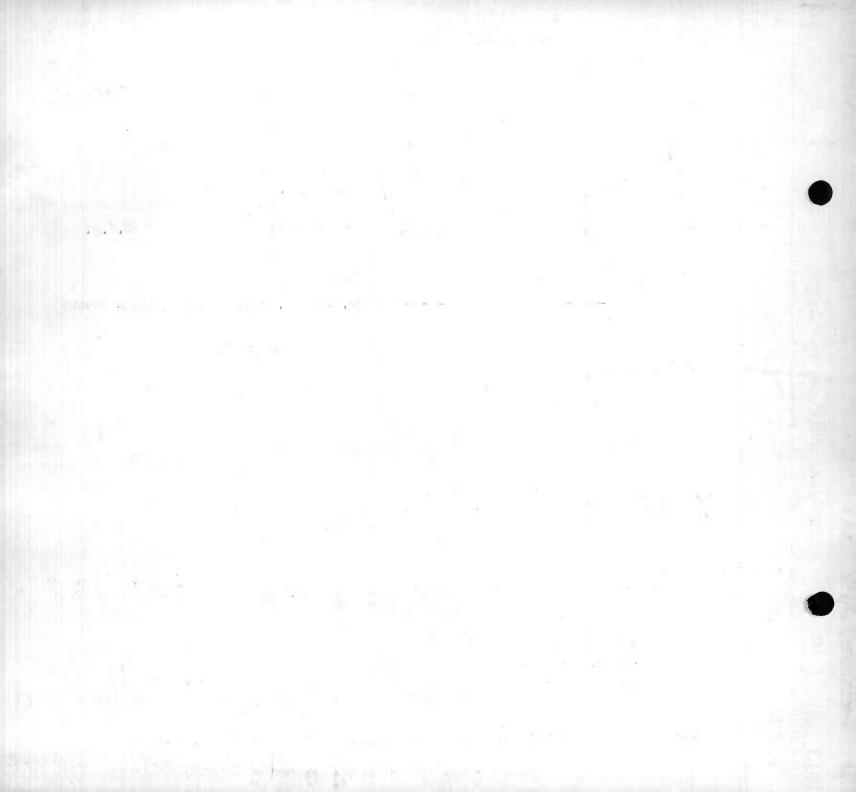
25B. NAME OF REGISTRAR

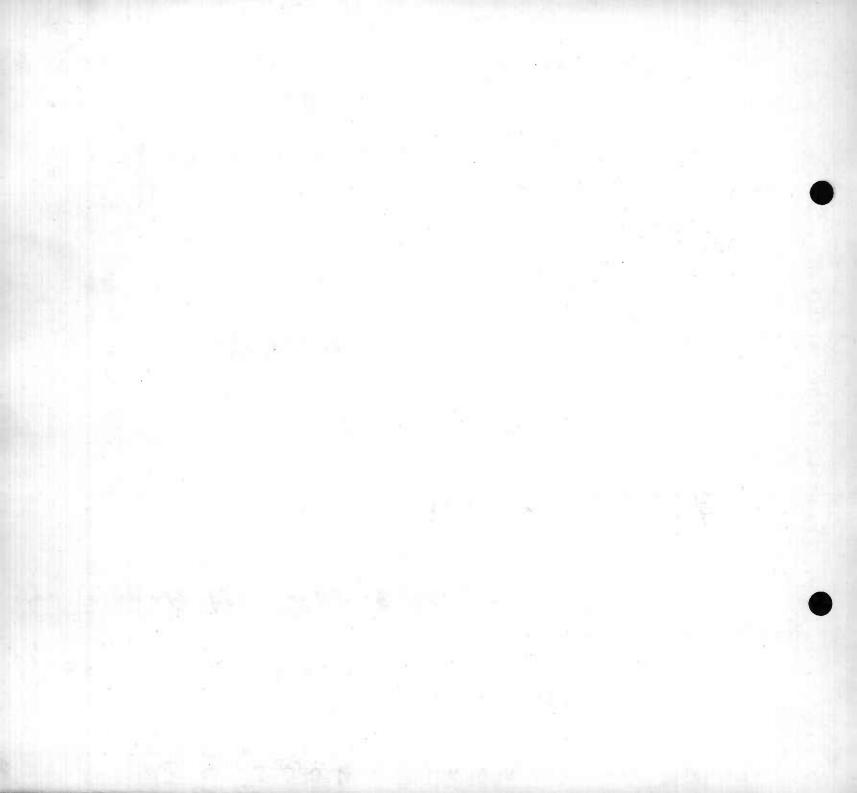
Glen Haven Cemetery | Ritchie Highway Maryland

KRAUSE FUNERAL HOME 1216S.CharlesSt

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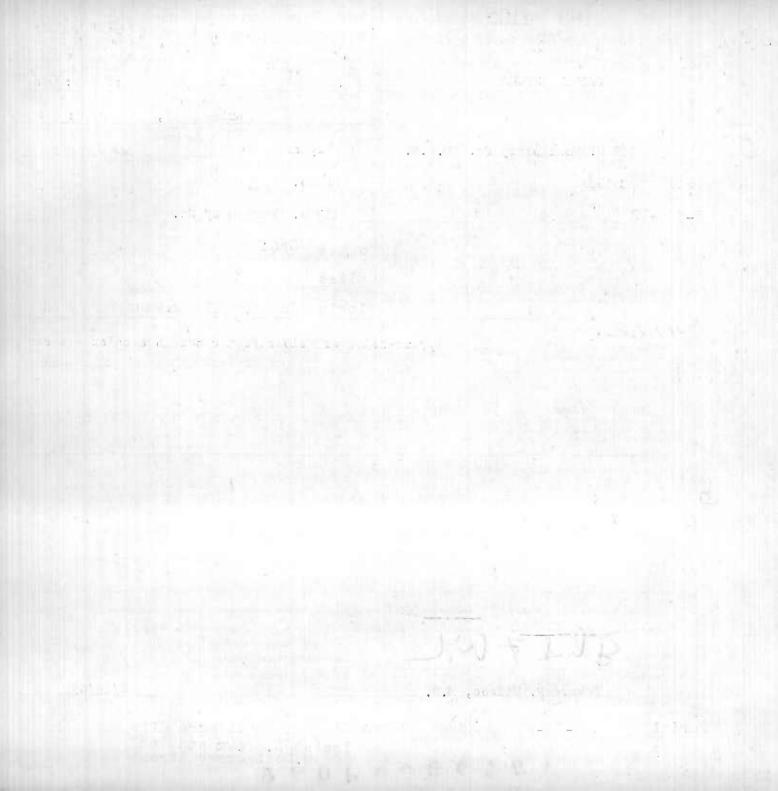
Lh	69 /11/12	REG. NO	60 4400
BIRTH 1. NA	NO. ELLA ELTZABETH BUCKTEY	ICATE OF DEATH	2.000
	or Print) MRS. ELLA BURKLEY	2. DATE AND HOUR OF DEATH	800/ A.m.
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	nstitution: residence before odmission)
HOSP	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE		21-88
	BON SECOURS HOSPITAL	BALTIMORE D. INS	YES NO
2	5810	E. STREET AND NUMBER 5250 NELSON AV	
5. SEX	6. RACE 7. MARRIED NEVER MARRI		If Under 1 Yr. If Under 24 Hrs.
	male Caucasian WIDOWED DIVORCI	AUGUST 14, 1888 80	Months Doys Hours Min.
done d	SUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN lyring most of working lite, even if retired)		12. CITIZEN OF WHAT COUNTRY
	Cetired — HOMEMAKER	GERMANY 14. MOTHER'S MAIDEN NAME	U.S.A.
	TOHN MAUS	LENA GROSS	
15. We	os Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
	NO	Mr. John B. Buckley 5250 M	Welson Avenue
18	250,7		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIA	ATE CAUSE GAUGEENE	
h	this does not mean the mode of dying, e.g., DUETO, eart failure, asthenio, etc. It means the disease,	OR AS A CONSEQUENCE OF:	1 44 /
ir	njury or camplication which caused death.) ANTECEDENT CAUSES	Dialets	Colletes.
D	(8)	OR AS A CONSEQUENCE OF:	
	se to the above cause (A) stating the INDERLYING CONDITION last. (C)		
z	Market II Company		
2 T	THER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE TERMINAL ISEASE OR CONDITION GIVEN IN PART † (A).		
FIC.	A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	N 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CERTIFIC 19	A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INJUR	(If in Baltimor Reel, office bldg., MJURY OCCUR?	re City, give exact location)
CAL	R CONTRIBUTING CAUSE OF home, form, foctory, etc.)	reet, office bidg., MJURY OCCUR?	
<u>2</u> 1	D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURR FINJURY		
(A	Work — A	of While	17 1919'
	2. I certify that (I) (this haspital) attended the deceased ffar		1 10 19
	nat (1) (we) last saw the deceased alive an	not) view the hady after death	nian death accurred on the dat
	A. SIGNATURE	nui, view the body diter death.	23B. DATE SIGNED
	all & wesh		4.17.67.
23	DRAME (Type) A COLLET COLETCE	23D. ADDRESS BON COCHOC Y L.D.	Bellinger 111
24A. B	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	OF CREMATORY 24D. LOCATION (C.	ity, town, or county) (Stote)
_	rial 21 APR 69 New Cathedral		
	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Cemetery Baltimore, Mar	ADDRESS Aliab
	Markey C. Markey	x granzon tuneral	Home Tup
3 150	0-REV. 1/1/68	THE THE PARTY OF T	





69 4105 BALTIMORE CITY HEALTH DEPARTMENT

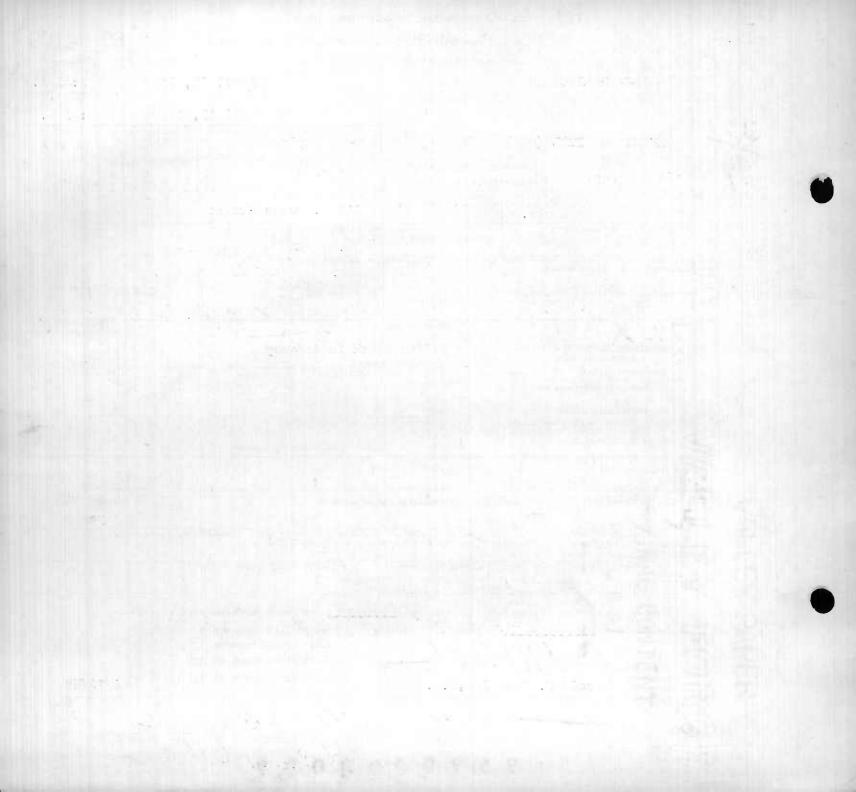
3			MED		EXAMINE				OF DEA	TH	NO	69	4105
BI	RTH NO.			Till.						REG.	NO		
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4.	PLACE IN BA	LTIMORE, M	ARYLAND, W	HERE PRO	ONOUNCED DEAD)	3. DATE		Manth	Doy		Year	Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)								JNCED DEAL	Apri	1 16	,	1969	
OK	INSTITUTION	113 เม	Montgo	ame r v	St. D.O.A	Δ	A. STATE	ryland	Where deceose	d lived, If inst B. COUN		1 1	efore odmission)
6.	SEX	7. RACE	Honege		ED NEVER MAR		C. CITY OR		-	D. INSII	DE CITY L	IMITS?	
	Male	Color	ed	WIDOW		RCED	Ва	lto.			YES [10 🗆
	DATE OF BIR		10. AGE (Ir last birthdo		If Under 1 Yr. If Under Months Days Hour			ND NUMBE	ntgome:	rsz St			4 1 10
	BIRTHPLACE			1	2. CITIZEN OF	1	13. FATHER		megome.	Ly DC.			
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	e during most of			14b. KIND	OF BUSINESS OR I	NDUSIKY							
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RTI					OR WHICH OPERA	ATION WA	S PERFORM	ED			21	. AUTOP	SY? (Yes or No)
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	OF INJURY (APPROX.)	()			WHILE AT WORK	NOT	WHILE ORK						
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	EXAMIN					141.D		CIATE MEDI	CAL EXAMINI	R 🔲			
L	NAME			. Wil:	son, M.D.							4/16	
RE	A. BURIAL CRI MOVAL (Spe		24B. DATE		24C. NAME of CI	H.)KY	24D. LOCATI		, tawn, ar	county)	(State)
	urial	D RV HEALTH	4-2I-		Mount AME OF REGISTRA	Aubu	250	IINERAL DI	PECTOR	more (City	PESS	
25		APR &		(238. 14)	AME OF REGISTRA	1	Isa	iah L	.Brown	ry St	Son		
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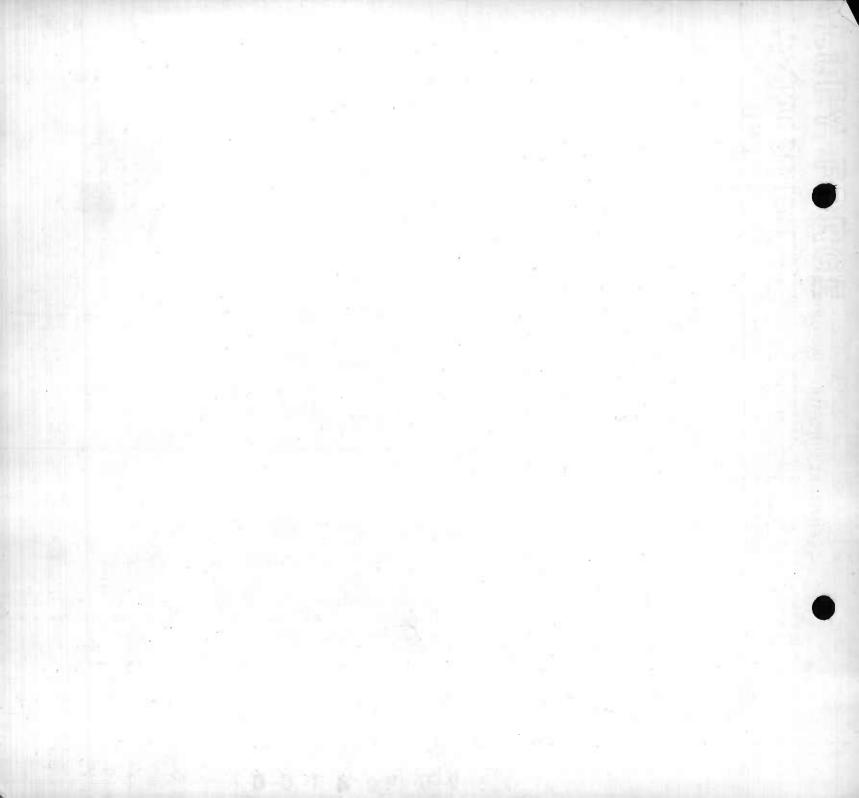


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9:45 A. Misidence before odmission) 23-01
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1. AUTOPSY? (Yes or No)
yes
ocotion)

2-21-64

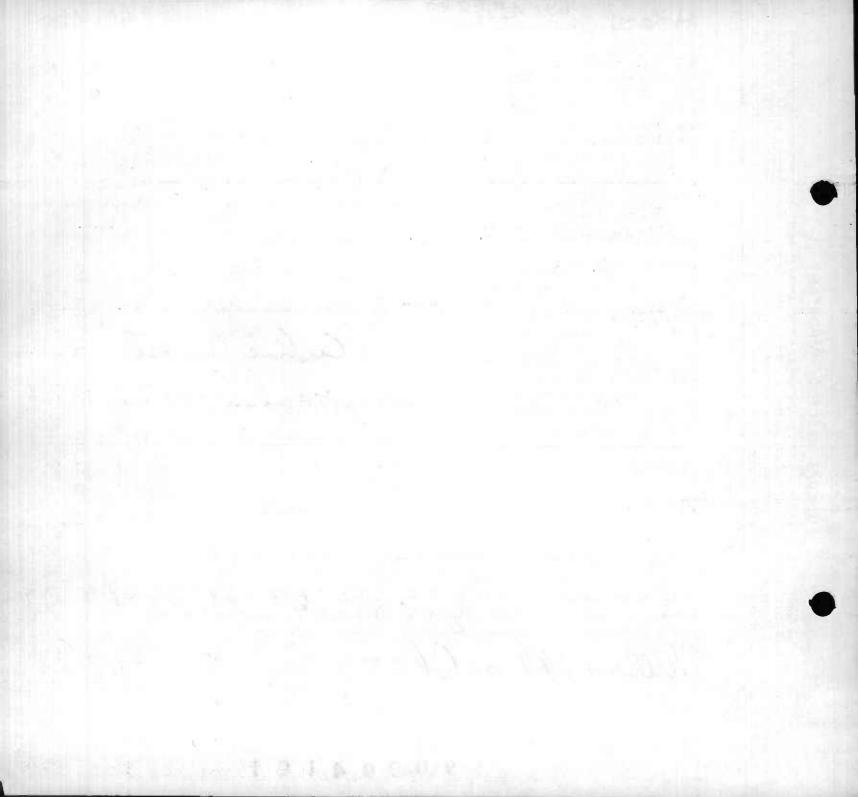
	69	-03554MI	EDICA	L EXAMINER'S	CERTIFICATE	OF DEAT	TH REG. NO	69	4106
I. NA	ME OF DEC	EASED			2. DATE Known	n Month	Day	Yeor	Hour
		BRENDA JACK			DEATH Estimo	med April	13, 1969		9:45 A. _{M.}
FULL N	AME OF		PITAL OR IN	STITUTION, GIVE STREET	3. DATE PRONOUNCED D	EAD April	Day 13, 1969		9:45 A. M.
OR INS	MER	CY HOSPITAI	(DOA)		5. USUAL RESIDENCE A. STATE Maryl		lived. If institution: B. COUNTY	residence bef	ore odmission)
6. SEX	male	7. RACE Negro		RIED NEVER MARRIED	c. city or town Baltimore		D. INSIDE CITY		
9. DAT	E OF BIRT	lost bir	E (In years thday) WKS.	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUM	oss Street			
11. BJR	Such	State or foreign countr	ν)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	of mean			
		PATION (Give kind of vorking life, even if retir		D OF BUSINESS OR INDUSTR	15. MOTHER'S MAID	EN NAME	Min	gade-"	
		ED EVER IN U.S. AR			18. INFORMANT	cul uni		ORESS	Ma
19.	798	Υ.		CAUSE OF DEA	TH	- great	20.00	APPRO	OXIMATE INTERVAL
	DISFAS	E OR CONDITION D	IRECTLY	Cuddon d	eath in infa	norr		BETWEEN	N ONSET AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE		ney			
	heart failure	ot meon the mode of , osthenio, etc. It meon	the disease,	DUE TO OR	AS A CONSEQUENCE OF	F:			
	injury or con	nplication which coused	deoth.)						
		NTECEDENT CAUSES		(B)	16.1.60116501151165				
	RISE TO THE	DR CONDITIONS, IF	STATING TH		AS A CONSEQUENCE C	OF:			
2	UNDEKLYIN	NG CONDITION LAS	1.	(C)					
0	TO THE DEA	II IFICANT CONDITION: ATH BUT NOT RELATED CONDITION GIVEN I	TO THE TERM	MINAL					
CERT				FOR WHICH OPERATION W.	AS PERFORMED			21. AUTOPS	Y? (Yes or No)
	NDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.		22B. PLACE OF INJURY (e.g., home, form, factory, street, office	in or obout 22C. WHER e bldg., etc.) INJURY O	RE DID (If in Boltim CCUR?	ore City, give exoct		
∑ 220 OF	D. TIME (INJURY PPROX.)		Yeor) (Ho	WHILE AT NOT	WHILE ORK	DID INJURY OCC	CUR?		
23.	I cert	ify that I held an	Inquiry			at an this basis	, death in my a	pinion	
1	result	red fram: Natural	auses X	Accident Suicio		Undeterm	ined manner		
	ACTUAL SIGNATU EXAMIN		1/4/	land M.C.	ASSISTANT ME	EDICAL EXAMINER	ξck	Di	ATE SIGNED
	NAME (T		N. Kor	nblum, M.D.	ASSOCIATE ME	EDICAL EXAMINER		4/14	/69
24A. BI	YAL (Specif	MATION, 24B. DAT	17/69	24C. NAME OF CEMETERY	ar CREMATORY	24D LOCATION	blely	4	(State)
25A. D	ATE REC'D	BY HEALTH DEPT.	25B. I	NAME OF REGISTRAR	259 FUNERAL	DIRECTOR	08 2) AD	DRESS	,
VS 151-	REV. 1/1/68	DEI Ze ATE	21000	C CALCERATOR	17000	ug/ m	Vision.	gr	nevy fr
	.,.,.								





44-64-15 dis was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	11 1	511	69 41	BALTIMORE CIT	Y HEALTH DEPAI	RIMENT		0.0	
BiR	TH NO.	34	11	CERTIFICA	ATE OF DI	EATH	REG. NO	69_	4108
	AME OF DECE					2. DATE AN	ID HOUR OF DEATH		
i y	HARTLEY,	ROBERT	L.			4-16	-69	1 9:	30 P. M.
				NOUNCED DEAD	4. USUAL RESID	B. COUN	re deceased lived. If in		
								2/	-611
HC	LL NAME OF	ADDRESS	OR LOCATION	STITUTION, GIVE STREET	MARYLAN		I - 1210	ac U	07
IN:	HAN THON MOR	E CITY F	HOSPITALS		c. CITY OR IOW	RE	D. INSI	DE CITY LIMITS?	
	4940 EAS	TEDNI AVE	MIE		C CYPETY AND	MULABER		YES X	NOL
				24	E. STREET AND				
_	BALTIMOR		Ta .				STREET	T17.11 1 1 2	7.11 1 07.11
D. 3	SEX	6. RACE	7. MARE	RIED NEVER MARRIED			9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Days	Hours Min.
	MALE	WHIT			7-6-11		58x 5/		
	LUSUAL OCCU			O OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(Stote or forei	ign country)	12. CITIZEN O	F WHAT COUNTRY?
4011	56:	· · · · · · / /		11 6 6				U.S.	Α.
13.	FATHER'S NAM	orna ere	err ton	'l. (an (o.	14. MOTHER'S	ANDEN NA	ME	1	
		C 1 /	/						
	WILLIAM	Edw. T	artley			arwass	ier		
	Was Deceased		Armed Forces? or or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADD	
		//1//-	17	215-01-778	BCU. DE	COPDE	AOAO EACMEDA	T STEEL DAY	21224
_	18. 18.	C/ W/		CAUSE OF DEA		CORDS	4940 EASTERN		OXIMATE INTERVAL
Z	DISEASES Orise to the UNDERLYING	plication which ANTECEDENT R CONDITIO above cou CONDITION	NS, if ony, gi	ving (B) DUE TO, OR A	S A CONSEQUENCE	E OF:	20 Affe	rther f	i Ala
CERTIFICATION	TO THE DEATH	H BUT NOT RELA	ATED TO THE TERMINEN IN PART 1 (A).		20A. AUTOPS	Y? (Yes or No	20B. IF YES, WERE	FINDINGS CONS	IDERED
ERTIFI	0		WAS PERFORMED		1/2	0	IN CERTIFYING CA	USES OF DEATH	?
MEDICAL CI	OR CONTRIBU	TING CAUSI medical examin	E OF	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	, in ar obout 21 C. W office bldg., INJURY	HERE DID OCCUR?	(If in Boltimor	e City, give exoct	lacation)
O	21D. TIME	(Manth) (Doy) (Year) (Haur)	21E. INJURY OCCURRED	21 F. HC	OW DID INJ	URY OCCUR?		
Ξ	(APPROX.)			While At Not Wh					
				Work At Wor	k L	9-1:		- 71	, , , , , , , , , , , , , , , , , , , ,
	22. I certify	that (I) (this	haspital) attend	ed the deceased from	april	16	1969 to	ight fol	6 196 Y.
	that (I) (we)	last saw the	deceased alive	on CAUS	6 196	and th	at in (my) (aur) apí	nian death acc	urred an the date
	and hour and	from the car	ises stated abov	e. (1) (We) (did) (dld nat)	view the hady a	fter death.			
	23A. SIGNATU			0 1	Trow rite oddy d	nor deam.		23B. DATE SIGN	NED /
	61.00	Jan 11	1160.			ed.	Shaff Phys.	4/17	1/69
	23C. PHYSICIAL NAME (Ty	/pel		and great states	232920 EAS		2/1/2/2	MORE CIT	Y HOSPITALS
		IAM McDC		DEGRE					
24/	REMOVAL (S	pecify) 24B.	DATE 24	C. NAME of CEMETERY OF C	REMATORY			ity, town, ar caun	ty) (Stote)
25/	Burial A. DATE REC'D	BY HEALTH D	1/27/169 EPT. 258 NA	ME OF HEISTRAKINGE (Cemesta Cinera	L DIRECTOR	timore, Ma	ryland	DDRESS DJ
		APR 42	1909 17.0	45 2 9 Falley Ba	0 Jahr	@ 78°	Toran Inc	3000	E. Ball
VS	150-REV. 1/1/6	В							



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BIR	TH NO. 68	-2363	MED	ICAL	EX.	AMINER'S	LEKTIFI	CATEO	- DEA	IH REC	. NO	D		
i. N	IAME OF DEC			S MII	LER	, Jil.	2. DATE OF DEATH	Knawn X	Manth	i1 21		Year 969	Haur	М.
4. P	LACE IN BAL	TIMORE, MA				-	3. DATE		Month	Do		Yeor	Hour	141.
HOS	NAME OF		TIN HOSPITA		OITUTION	I, GIVE STREET		UNCED DEAD	Apr			.969	6:45	А.м.
OR I	NSTITUTION						5. USUAL R	ESIDENCE (Whe	re decease	d lived. Il in B. COU			befare admi	ssian)
		Luthera	n Hosp			(DOA)		Maryland	i			16	2-0	4
6. S		7. RACE	- 10- 15			NEVER MARRIED	C. CITY OF			D. IN		CITY LIMITS?		
	Male	Negr		WIDOW		DIVORCED L	C CTREET	Baltimon	ce			YES 🗶	NO L	
	-7-68		last birthda			Days Hours Min.	E. SIKEEI	2006 Wes	t Tan	***010	C +	100 to		
	BIRTHPLACE(S	tate ar fareio	in country)			IZEN OF	13. FATHER		st Lai.	vale_	SLI	eet		
	altimor				WH	S.A.	_	is Mille	r					
	USUAL OCCUI			148. KIND	OF BU	SINESS OR INDUSTR								
	•				-			ie Gaine	L					
16. (Yes	no or unknown)	(If yes, give v	U.S. ARMEI war or dates	of service		7. SOCIAL SECURITY NO.	Nellie	MANT G. Mill	er - :	2006 W		ADDRESS	st.	
	9 0 -	V .		-		CAUSE OF DEA						A	PPROXIMATE I	
	170		ITIO NI DIDE	CTIV								BF f.	WEEN ONSET	IND DEATH
		E OR COND LEADING TO		CILY		IMMEDIATE	CAUSE SIL	dden deat	h in	infan	C37			
	heart lailure,	ot meon the , asthenia, etc aplication which	. It means the	e disease,			AS A CONSEC					***************************************		THE STATE OF THE S
				,	-									
		NTECEDENT		Y GIVING		(B)	AS A CONSE	QUENCE OF:						
	RISE TO THE	OR CONDITION ABOVE CA G CONDITI	USE (A) STA	TING THE										
3	ONDEKLIN	O CONDIII	IOIN LAST.			(c)								
CERTIFICATION	TO THE DEA	IIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL							,,		
RT						HICH OPERATION W	AS PERFOR!	MED				21. AUT	OPSY? (Yes	or No)
S	2													
7	22A. EXTER	NAL CAUSE	WAS		22B. PL	ACE OF INJURY(e.g.,	in or about	22C. WHERE DID	(If in Bolti	more City,	give e	exact location)	Yes	
MEDIC,	UNDERLYING UTING CA	OR CON	TRIB-		hame, f	arm, factary, street, offic	ce bldg., etc.)	INJURY OCCUR?	,					
	OF INJURY	(Month) (D	oy) (Yeo	r) (Hou	'	INJURY OCCURRED		22F. HOW DID I	NJURY O	CCUR?				
	(APPROX.)	24.7			m. WH		WHILE WORK		1					
	23.	ify that I h	eld an	Inquiry [7 1	nspection Au	ntopsy 🗓	and that on	this bos	is, death	in m	y apinian		
		ted fram: N				ident Suici		omicide 🗌	Undete	rmined mo	nnar	, in		
	163011		0		7)	The solution		CHIEF MEDICAL						
	ACTUAL	URE C	ins	1:	5	gut M.	o. ASS	ISTANT MEDICA					DATE SIG	NED
	EXAMIN NAME (1	ER'S Ch	arles	S. Sp	ring	gate, M.D.	ASS	OCIATE MEDICA	LEXAMIN	ER 🗌	A	pril 2	1, 196	9
24A	BURIAL CREA	MATION, 2	248. DATE	1117	24C.	NAME of CEMETERY	or CREMAT	ORY 24	. LOCATI	ON (C	ity, ta	iwn, ar count	y) (St	ate)
	urial		4-23-6	9	M	t. Auburn	1 73		Balt	imore,	Ma	aryland	1	
-	DATE REC'D					F REGISTRAR	25C.	FUNERAL DIREC				ADDRESS		
	A	PR AZ	1969	12. Due.	8-8	. Farlyman		Charles R	. Law	802	Mad	dison A	Ave.	
VS	51-REV. 1/1/68	3		-		700	0 4	10	40					

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69 4110 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known XX Month Doy Year Haur
JAMES BRITTON	DEATH Estimated 4 19 69 8:15 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DI	EAD 3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD April 19, 1969 8:15p M. 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
Bolton Hill Nursing Home	A. STATE Maryland B. COUNTY 18-01
6. SEX 7. RACE B. MARRIED NEVER A	MARRIED . C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Colored WIDOWED □ DI	vorced □ Balto. YES ☑ NO □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 1 Y	
11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTY Columbia Central America	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS C	
done during most of working life, even if retired) Retired Former	?
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIA	
(Yes, no ar unknawn)(If yes, give war ar dates of service) SECUR	3-0607 Emma Britton, 202 N. Freemont Ave.
	USE OF DEATH APPROXIMATE INTERVAL
DISEASE OF CONDITION DIFFCTLY	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	NAMMEDIATE CAUSE Multiple traumatic injuries complicated
(This does not mean the made of dying, e.g.,	DUE TO, OR AS A CONSEQUENCE OF:
heort failure, asthenio, etc. It means the disease, injury ar complication which coused death.)	by bronchopneumonia and arteriosclerotic
ANITECEDENIE CALICEC	cardiovascular disease
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (8)	DUE TO, OR AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z CONDENSITING CONDITION TASI. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPI	Adamasanai nama afi kha aalaa
DISEASE OR CONDITION GIVEN IN PART 1 (A).	Adenocarcinoma of the colon
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OP	
	YES
UNDERLYING OR CONTRIB. home, form, foctor	INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ry, street, affice bldg., etc.) INJURY OCCUR? Fayette and Fremont Sts
Hitte (monny (bot) (real) (11001) [zzz: Hts okt	
(APPROX.) 4 13 69 7:50 a WHILE AT WORK	NOT WHILE AT WORK Pedestrian
23.	
1 certify that I held an Inquiry Inspection	an Autopsy XX and that on this basis, deoth in my apinion
resulted from: Natural couses Accident	XX Suicide Homicide Undetermined manner
() 1217 11	CHIEF MEDICAL EXAMINER
SIGNATURE Muly White	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.J	0. 4/20/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY or CREMATORY 24D. LOCATION (City, tawn, ar county) (Stote)
Burial 4/22/69 Mt.	Auburn Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST	
APR \$2 1969 (R. 2 E. Jank	Charles R. Law , 802 Madison Ave.
CHARLES Mr APPLICATION	CHALLES . Daw , Cot Hearborn Ave.

Column Insunt alon for Williams at the protection with the the

HINGING ENERGY, H.A.

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G. Prunen School State Product of the District



ار		CITY HEALTH DEPARTMENT / 69	4114
1	BIRTH NO.	CATE OF DEATH REG. NO.	7.7.7.7
	Type or Pant) Robert C. O'CONNELL	2. DATE AND HOUR OF DEATH	12:20 0
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution; residues and a state	idence before dmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland (1. Q. C)	52-00
	HOSPITAL OR ADDRESS OR LOCATION) ADDRESS OR LOCATION	C. CITY OR TOWN Pasadena D. INSIDE CITY LIM	
	The Johns Hopkins Hospital	E. STREET AND NUMBER	ио 🖺
ė,		1395 Rainbow Drive	
mad	Male White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years of Under 11/19/10 ost birthdoy) 58 Months: D	Yr. If Under 24 Hrs.
15	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	TOY 13 MOTURE	N OF WHAT COUNTRY?
isposition	done during most of working life, even if relified)		
osii	Driver Baltimore Transit	Up Georgia U	.S.A.
isp	James O'Connell	Martha Hanrahan	
nald	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	DDRESS
fin	No 215-09-9821	Mrs. Rose Mary O'Connell S	ame
0	18. 1123 4 1 250, 9 CAUSE OF DE	ATH	APPROXIMATE INTERVAL
9	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ARDIAC ISCHEMIAY FAILURE	1 Dugar
palm	(A) IMMEDIATE (This does not mean the mode of dying, e.g., heal failure, asthenia, etc. it means the disease,	CAUSE AS A CONSEQUENCE OF:	1096025
Q E	injury or complication which caused death.)		1 ,
Eee	ANTECEDENT CAUSES (8)	CMONARY EMBOLI	duka
0 0	DISEASES OR CONDITIONS, if any, giving ise to the abave cause (A) stating the	AS A CONSEQUENCE OF: CARDIOUPSCUER	15 00
Suin	UNDERLYING CONDITION last. (c) ATA	leroseerotic DisEASE	15 415
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	a ha ta Ma st 1	Sure
0	A DISEASE OF CONDITION GIVEN IN DART 1 (4)	the property of	0713
e th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CO	ATH? NO
before	OR CONTRIBUTING CAUSE OF	g, in or about 21 C. WHERE DID (If in Baltimore City, give e	xoct locotton)
	DEATH (nobity medical examiner)		
peur	21D-71ME (Month! (Doy) (Year) (Hour) 21E INJURY OCCURRED (Hour) 21E INJURY OCCURRED (Month! (Approx.)	21F. HOW DID INJURY OCCUR?	
5	Work L At W	ork L	
000	22. I certify that (1) (this hospital) attended the degreesed from that (1) (we) last sow the deceased alive on 15	196710 111/15	1967
0	ond hour and from the causes stated obove. (1) (4) (did) (did not	and that in (my) (our) opinion death	occurred on the date
must	23A. SIGNATURE	7 view the body offer death.	IGNED
2	Um Cl. Fuhenmage M. Decree	Attending Med. Stoff Phys. 4	15/69
approval	23G-PHYSICIAN'S NAME (Type)	23 D. ADDRESS	13/0/
dd	WM. W. LOKENSHEYER	LEE JOHNS HOPKING 140	SPITAL
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF		ounly) (Stotel
written	Burial 4-19-69 Glen Haven 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
3	APR 42 1969 (1) 2. 102 Sta Out	George Je Gonce 4001 Ritchie	Hgy 21225
1	VS 150-REV. 1/1/68		



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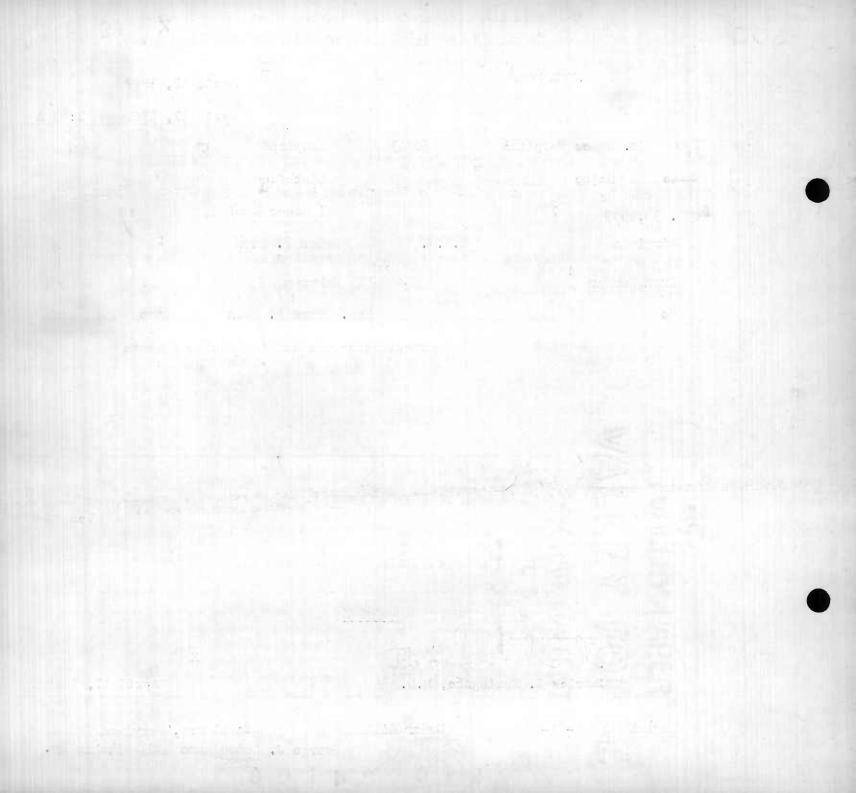
VS 151-REV. 1/1/6B

69 4115 BALTIMORE CITY HEALTH DEPARTMENT

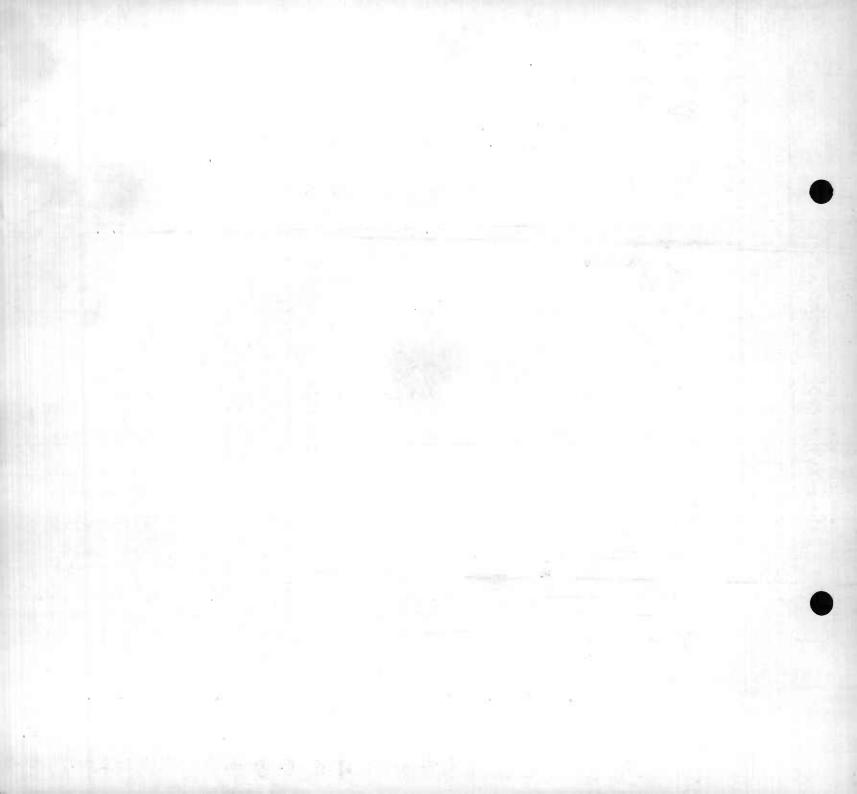
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

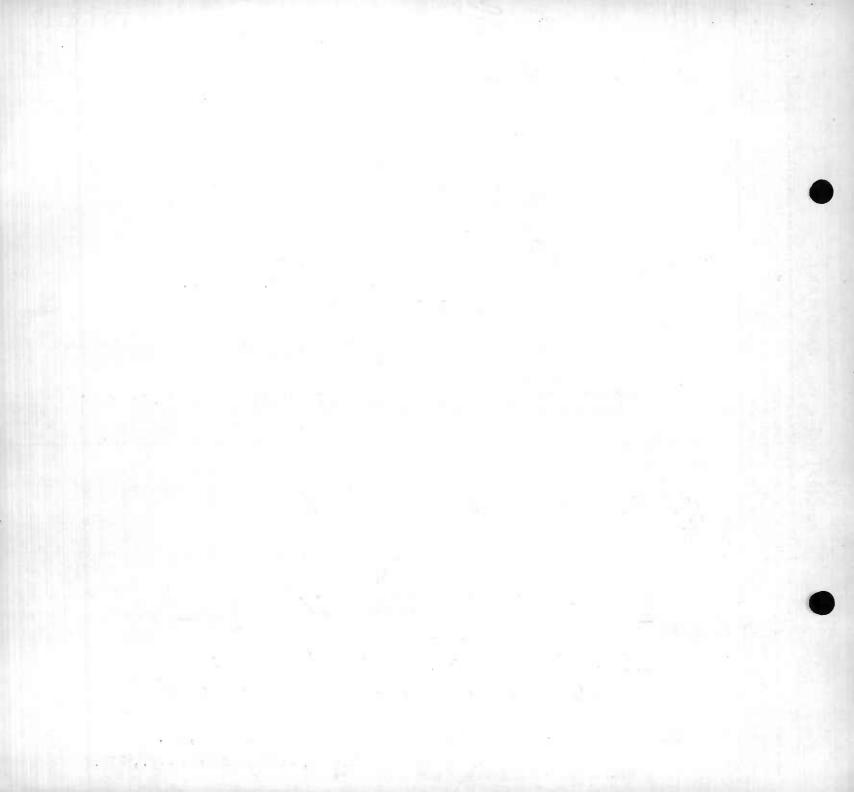
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BIRTH NO.	REG. NO.	
I. NAME OF DECEASED (Type or Print) JOHN MOON	2. DATE Knawn X Manth Day OF DEATH Estimoted April 17, 1969	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy PRONOUNCED DEAD April 17, 1969	Year Haur 3:00 A M.
St. Agnes Hospital (DOA)	S. USUAL RESIDENCE (Where deceased lived. If institution: res	sidence belore admission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY L	IMITS?
Male White WIDOWED □ DIVORCED □	Linthicum VES [NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER 1 Manor Road	
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME	
Virginia WHAT SOUNTRY?	James P. Moon	
148. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Tron Worker 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	y 15. MOTHER'S MAIDEN NAME Unknown 18. INFORMANT ADDR	FSS
(Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY NO.		
NO CAUSE OF DEA	Mrs. Grace B. Moon Same	APPROXIMATE INTERVAL
4/2,7		BETWEEN ONSET AND DEATH
LEADING TO DEATH	sclerotic cardiovascular disease	2
(This does not mean the made of dying, e.g., (This does not mean the made of dying, e.g.,	AS A CONSEQUENCE OF:	
heart lailure, asthenia, etc. It means the disease, injury or complication which coused death.)		
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21	AUTOPSY? (Yes or Na)
		Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, farm, foctory, street, office uting Cause of Death.	in ar about 22C. WHERE DID (If In Baltimare City, give exact loce bldg., etc.) INJURY OCCUR?	cotion)
22D. TIME (Manth) (Doy) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (ARBORY)	22F. HOW DID INJURY OCCUR?	
23.		
I certify that I held an Inquiry Inspection Au	and that an this basis, death in my api	nian
resulted fram: Natural causes Accident Suicio	de Hamicide Undetermined manner	
ACTUAL SIGNATURE CLOS J. Sat M.D	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER Apri	1 17, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)		county) (State)
Burial 14-21-69 Cedar Hi	25C. FUNERAL DIRECTOR ADDR	and
ADE TO JUNE 10 0 or of Stallantia	George J. Gonce Home 4001	litchie Wy.



				HEALTH DEPARTMENT		00 4440
	69	411	L6 CERTIFICA	TE OF DEATH	REG. NO	69 4116
BIRTH NO.					AND HOUR OF DEATH	
Type or Print)	Samuel T	. Frant	cum		il 16, 1969	
. PLACE IN BA	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (WI	nere deceased lived. If	institution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Maryland	INIT	25-05
NSTITUTION				C. CITY OR TOWN	D. IN	SIDE CHY LIMITS?
	4102Curt			Baltimore		YES 🔀 NO 🗌
00	Baltimor	e, Md.	21225	E. STREET AND NUMBER	s Ave.	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
Male	White	WIDOWED		May 17, 1880	lost birthday	Months Doys Hours Min.
A. USUAL OCC	CUPATION (Give kind of world	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTR
-	working life, even if retired)	DuF	ont Co.	Marvland		U.S.
FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
	George Frant	33770		Sarah		
W. B	A Republication of the Control of th		11 / 200111			1000000
es, no or unknown	d Ever in U. S. Armed For (If yes, give wor or dote	es of service)	16. SOCIAL SECURITY NO. 216-07-0494	17. INFORMANT		ADDRESS
	SE OR CONDITION DI LEADING TO DEATH nal meon lhe made of		(A) IMMEDIATE CA	Sente Myres	hed pfile	thor
heart failure,	, asthenia, etc. It means mplication which caused	the diseose,		1 A	11/1	1)
	ANTECEDENT CAUSES		(ellero	elevation (se	Le Voscula	Horare
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	ne obave couse (A)	slating the			d.	100
UNDERLYIN	G CONDITION lost.		(c)			
	FICANT CONDITIONS CO					
	.TH but not related to t Condition given in par	RT I (A).				
19A. DATE O	F OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner	21 E hon etc.	ne, farm, factory, street, of	or obout 21 C. WHERE DID ince bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	WI	INJURY OCCURRED		NJURY OCCUR?	
		Wo			13	1///
22. I certify	y that (1) (this hospi ta	l) ottended t		12/12	19 6 0 to	1967
that (I) (we	last saw the decease	ed alive an	12/20	19.6 ond	that in (my) (acr) of	olnion death occurred on the da
ond hour or	d from the couses sto	ted above. (1) (We) (did) (did not) v	iew the bady ofter deoth		
234-SIGNAT		0	, , , , , , , ,			23B. DATE SIGNED
Mus	Sen P. (olek	aegree Atte	Med. Director	Staff Phys.	11/17/1969
23C. PHYSICI, NAME (Type	vin F.		3606 Belai	ir Rd., Balt	imore, Md.
AA BIIDIAL CO			GEGREE			
4A. BURIAL CRI REMOVAL	(Specify)		AME of CEMETERY or CRE		LOCATION (City, town, or county) (Stole)
Burial	4-19-19	969 Mc	oreland Memoria	al Park		Md.
SA. DATE REC'E	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	WA 42 1969	12. B. E	2 Xtallerina (George O. G	nce, 4001 R	itchie Hgwy., Balti-



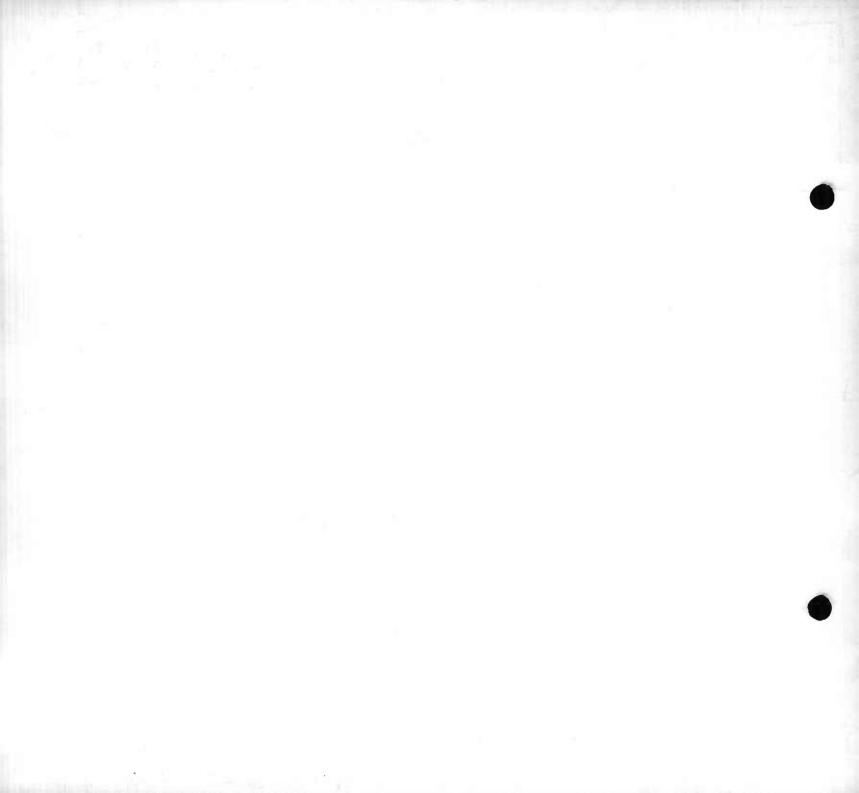


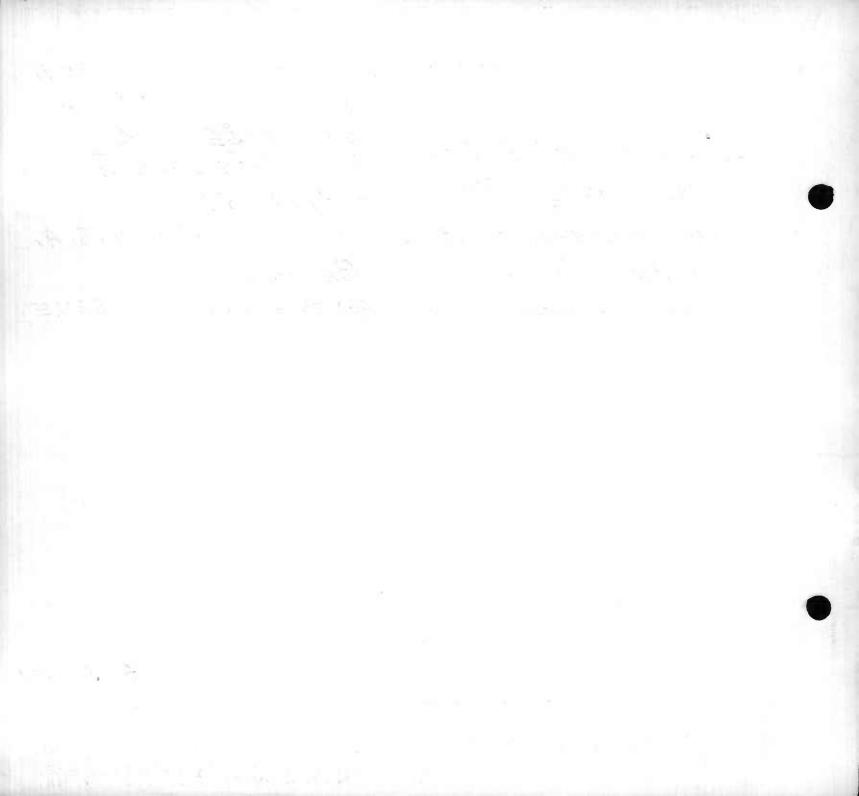
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

JOHN STRING FROM BUILD BUILD

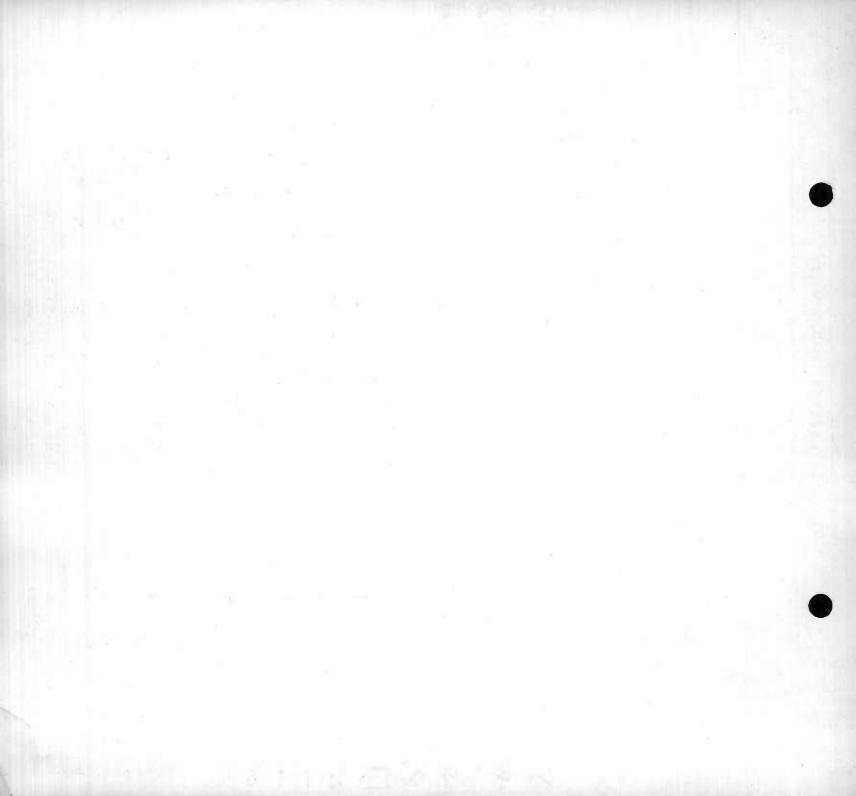




BIRTH NO.	MEI	DICAL EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO			the sale, Page
1. NAME OF DEC (Type or Print)		RD RODGERS	2. DATE OF DEATH	Known 🔀 Estimoted 🗌	Month April	20, 196		Hour	м.
FULL NAME OF HOSPITAL		WHERE PRONOUNCED DEAD (AL OR INSTITUTION, GIVE STREET ATION)		UNCED DEAD		20, 196			A . _M .
OR INSTITUTION			A. STATE	Maryland		B. COUNTY	20	ofore odmiss	lon)
6. SEX	7. RACE	8. MARRIED NEVER MARRIED	C. CITY OF			D. INSIDE CITY			
Male 9. DATE OF BIRT	Negro	WIDOWED DIVORCED	CTDEET	Baltimore		YES	X	10 🗆	
3-27	10.AGE (lost birthd 22) Stote or foreign country)	oy) Months Doys Hours Min.	13. FATHER	3600 W. S	3	,			
FISHER 16. WAS DECEAS	SED EVER IN U.S. ARME	M 14B. KIND OF BUSINESS OR INDUSTR	18. INFOR	MANT YS	Wrig Wrig Gers	hT 3600 301-to	APP	POXIMATE INT	ERVAL
	EE OR CONDITION DIR LEADING TO DEATH not mean the mode of d	(A)IMMEDIATE		eart with	hemope	ricardiu		EN ONSET AN	DEATH
DISEASES RISE TO TH UNDERLY!! OTHER SIGN TO THE DE	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS (ATH BUT NOT RELATED T	CONTRIBUTING OTHE TERMINAL	AS A CONSE	QUENCE OF:					
DISEASE OF 20A. DATE O	R CONDITION GIVEN IN		AS PERFOR!	MED			21. AUTOF	Yes	r No)
UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.)	NAL CAUSE WAS CALOR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Ye	WHILE AT NO	ce bldg., etc.)		ng & R	oland Av	enue	27-1	ion
ACTUAI SIGNAT EXAMIN	TURE Charles		D. ASS		Undetermin EXAMINER EXAMINER	death in my oned monner		date sign	IED
NAME (24A. BURIAL CRE REMOVAL (Spec 25A. DATE REC'D VS 151-REV. 1/1/6	MATION, 248. DATE (1/4) H-2 D BY HEALTH DEPT.	24C, NAME of CEMETERY	Moth. a	ory 24D. n. Cem. H. FUNERAL DIRECT OTOM + C. OC-31 L.		nysway	S. OPESS	C. The	2,

Core legam ni revista w and general to a single contract

VS 151-REV, 1/1/68



VS 151-REV, 1/1/6B

A 4 DA BALTIMORE CITY HEALTH DEPARTMENT

69 4121

		MI	DICA	EXA	MINER'S	CE	RTIF	CATE O	F DEA	TH		
BI	RTH NO.									KEG. NO.		
	NAME OF DEC	EASED				2.	DATE	Knawn XX	Month	Day	Year	Haur
	pc 0	LERO	Y McNA	LR.			DEATH	Estimoted [4	19	69	4:05 p
Ш		TIMORE, MARYLAND				3.	DATE	UNICED DEAD	Month	Doy	Yeor	Haur
FU	LL NAME OF	(IF NOT IN HOS	PITAL OR IN:	STITUTION,	GIVE STREET		PRONO	UNCED DEAD	Apri	1 19.	196	9 4:05 p
	NOITUTITZAL							ESIDENCE (Wh		lived. If institution		e befare admission)
	Tan	theran Hos	nital	D.O.A		A.	. STATE	Marrie	nd	B. COUNTY	16	-08
6.	SEX	7. RACE			EVER MARRIED	7 C.	. CITY OR	Maryla	inu	D. INSIDE CIT	TY LIMITS	?
	Male	Colored		WED 🗌	DIVORCED	- 	D-14	. .			SX[X]	
	DATE OF BIRTH		E (In years		Yr. If Under 24 Hr	_ 11 _	Balt	AND NUMBER		YE	SALAI	NO L
		lost birt		Months [Days Hours Min	n.						
11	11-12 BIDTHDI ACE/S	tate or foreign cauntr		12. CITIZ	ENIOE	122	1.3 B. FATHER	300 Wildw	ood Pk	Wy.		
	. BIKTTIFEACE(S	idle of foreign countr	ν)		T COUNTRY?	1,3						
Re		N.C.	112 42 2412		ISA	2111		nie McNa				
		PATION (Give kind of warking life, even ifreting		D OF BUSI	NESS OR INDUST	RYIIS	. MOTHE	R'S MAIDEN N	AME			
	Roadway	Express						atrice I	<i>1cNair</i>			
		D EVER TN U.S. ARI			SOCIAL SECURITY NO.	18	INFOR	MANT		AD	DRESS	
1		7		1		IT	aura	a MCNair	2 130	O Wildw	book	Pkwy
	19.5- 9/	X			CAUSE OF DE	_						APPROXIMATE INTERVAL
	DISEASE	E OR CONDITION D	IDECTIV								0.1	THE STATE OF THE SEA
		LEADING TO DEATH					ICF.	Cunchat	J	- £ + h - h -		
	(This daes n	ot mean the mode of	dying, e.g.,		(A)IMMEDIATE	RAS	A CONSEG	UENCE OF:	wound_	of the he	2aa	
	Injury or com	osthenia, etc. It meons oplication which caused	s the disease, death.)					-				
		NTECEDENT CAUSES			(B)	DAG	A CONSE	QUENCE OF:				
	RISE TO THE	OR CONDITIONS, IF	STATING TH	E	DUE 10, 0	K A3	A CONSE	QUENCE OF:				
z	UNDERLYIN	IG CONDITION LAS	ST.		(c)			v=4-+- v=4-+		######################################		
CERTIFICATION		11			-	_						
S	OTHER SIGN	IFICANT CONDITIONS	CONTRIBU	JING								
	DISEASE OR	CONDITION GIVEN I	N PART I (A).								
ER.	20A. DATE OF	OPERATION 20B.	CONDITION	FOR WHI	CH OPERATION	WAS	PERFORA	MED			21. AUT	OPSY? (Yes or No)
	12.											YES
 		NAL CAUSE WAS		22B. PLAC	E OF INJURY(e.g	j., in	ar about	22C. WHERE DIE	(If in Baltim	ore City, give exa	ct lacation	16-11
∥∺	UNDERLYING	SE OF DEATH.		hame, torr	**	tice bi	ldg., etc.) I					15-11
MED			Yeor) (Ho	ur) 22E.IN	HOUSE		1	22F. HOW DID	NJURY OC	rington E	ka.	
	OF INJURY (APPROX.)	/ 10	60 0	WHILE		OT WH	HILE COL					
	23.	4 19	69 ?	m. WORK	AT	WOR	K XX	Sub	ject s	hot durir	ng ar	guement
		ify that I held an	Inquiry	□ Ins	nection A	uton	SV XX	and that on	this bosis	, deoth in my	opinion	
		ed from; Natural										
	result	ed from: Naturol	couses	Accid	ent Suic	ide						
	ACTUAL	QX.	1-4					CHIEF MEDICA				DATE SIGNED
	SIGNATU	JRE		0 0	M	D.	ASSI	ISTANT MEDICA	LEXAMINER	XX		
	EXAMINI						ASSC	OCIATE MEDICA	L EXAMINER			
-	NAME (T		1 F. W:				00=114=	200	1004710	4/20		(-)
RE	A. BURIAL CREA	AATION, 24B. DAT	1	24C. N.	AME of CEMETER	7 01	CREMATO	JKY 24	D. LOCATIO	N (City, town	, or count	ty) (Stote)
	Burial	4-2	4-69	Ar	butus M	em	. Pk		Belti	imore, 1	Md.	
25		BY HEALTH DEPT.	25B.	1 2	REGISTRAR	512		FUNERAL DIREC			DDRESS	
		ADD 45 40	100	0 0	13 T 19		11-	0)	1401	1	
_		APK 62 1	१०३। (१)	Doch	O VOLLO	AA	IMP	KTON HJ	7211	-1101 4	AUR	ENS ST
VS	151-REV, 1/1/6B	and the same of	1 2	3 4,0	-		1		4			

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69 4125 BALTIMORE CITY HEALTH DEPARTMENT

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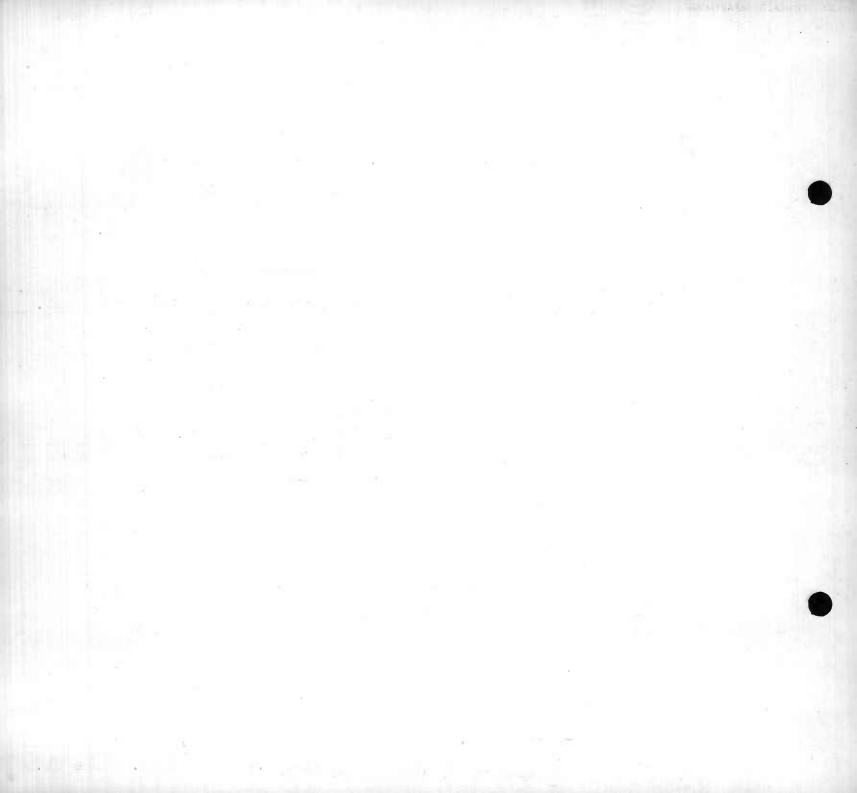
BIRTH NO.	MED	DICAL EXAMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO.	00	COLP
1. NAME OF DEC		UNN	2. DATE OF	Known Estimoted	Month March	26, 19		Hour 8:20 A. M.
		VHERE PRONOUNCED DEAD	3. DATE	Estimored [2]	Month	Doy		Hour M.
FULL NAME OF HOSPITAL OR INSTITUTION		AL OR INSTITUTION, GIVE STREET		NCED DEAD	March	26, 19	69	8:20 A. M
	AND GENERAL	HOSPITAL (DOA)		SIDENCE (Where		COUNTY	residence bel	- ()
6. SEX Male	7. RACE Negro	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR T		D	. INSIDE CITY		•
9. DATE OF BIRTH	10. AGE (I lost birthdo	Months Doys Hours Min		bert Str	eet			
11. BIRTHPLACE (S	tate or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME				
	PATION (Give kind of work rorking life, even if retired)	148. KIND OF BUSINESS OR INDUST	TRY 15. MOTHER	S MAIDEN NAM	ME			
	ED EVER IN U.S. ARMEI (If yes, give wor ar dates		18. INFORMA	ANT		ADE	DRESS	
(This does no heart failure,	E OR CONDITION DIRE LEADING TO DEATH of meon the mode of dy osthenlo, etc. It meons the uplication which caused de-	ring, e.g., DUE TO, OI	force inj		ead and	abdomer	BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
DISEASES OF THE UNDERLYIN	NTECEDENT CAUSES DR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA IG CONDITION LAST.		R AS A CONSEQ	UENCE OF:				
O THE DEA	II IFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P.	THE TERMINAL ACULE CLI	ylism and	bronchia	al cleft	cyst o	of neck	ζ.
20 A. DATE OF	OPERATION 20B. CO	NDITION FOR WHICH OPERATION	WAS PERFORME	ED .			21. AUTOPS	yes
UNDERLYING UTING CA 22D. TIME (OF INJURY	NAL CAUSE WAS OR CONTRIB- USE OF DEATH. Month) (Doy) (Yeo) March 1969		Hice bldg., etc.) IN 9 0 22 01 WHILE FEL C	JURY OCCUR? 00 B1k. I	Pear Str	eet Sch	1001 #1	1000
23.	laten 1909	UNK •m. WHILE AT NO	WORK X S	ubject fo	ound In	rear of	rear	Street
	ify that I held an I	nquiry Inspection A	Autopsy X	ond that on th	nis bosis, de	oth in my o	plnion	
result	ed from: Netwol cou	ses Accident Suic	ide Hon	nicide 🔲 🔃	<u>Undetermine</u>	monner X		
ACTUAL SIGNATI	JRE I huls	1 M Kanth		HIEF MEDICAL E	_		D	ATE SIGNED
EXAMINI NAME (T	er's _{ype)} Ronald N	. Kornblum, M.D.	ASSOC	CIATE MEDICAL E	XAMINER L	ADDAG	4/1/69	0.112
24A. BURIAL CREA REMOVAL (Specif	MATION, 24B. DATE	17 69 24C. NAME of CEMETER	Y or CREMATOR	24D.	CLTA	(City, Hown)	'or county)	(State)
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FL	JNERAL DIRECTO	OR OR	ADI	DRESS	CIMOL

. 1

00	4100	BALTIMORE CITY HEALTH DEPARTMENT
69	4120	CERTIFICATE OF DEATH

	REG. NO.	69	4126
--	----------	----	------

1. NAME OF DECEASED (Type or Print)				2. DATE AND HOUR OF DEATH				
ROBINSON, Bertha 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			April 20, 1969			8:45	P.	
. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	B. COUNTY	ved. If institution:	residence before o	admissi
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITE	UTION, GIVE STREET	Maryla	nd	2.	5-62	,
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN D. INSIDE CITY			LIMITS?		
			Baltimore YES X NO					
70				E. STREET AND	NUMBER	-20		
Bolton	n Hill Nursin	a & Conv	valescent Ctr.	910 Ch	erry Hill Road	d - 212	225	
. SEX	6. RACE	1=	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	ors If Und	las 1 Va II II ada	
F	N	WIDOWED		11-28-9	2 last birthday	Months	Doys Hours	Min.
_		1	BUSINESS OR INDUSTRY			12. CI1	TIZEN OF WHAT	COUN
one during most of	working life, even if retired)							
			+	ryland		U.S.A.		
3. FATHER'S NA	ME			14. MOTHER'S M	AIDEN NAME			
	IInlmoran			Un	lesson Alden	Proceto	20	
S. Was Deceosed	I Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	Alice	Procto	ADDRESS nd	0.7
res, no or unknown	(II yes, give wor or date	es of service)	SECURITY NO.		- 2 4	430 -		
no			215-14-8910		o Robinson	419 Law		
1B. +10.	9+1250.	9	CAUSE OF DEAT	Н			BETWEEN ONSET A	
DISEA	SE OR CONDITION DI	RECTLY						
	LEADING TO DEATH		(A) IMMEDIATE CAL	or can	- m de lua	46	harris	
rise to the	e abave cause (A)	slaling the		4		Λ	1	
UNDERLYING	e abave cause (A) G CONDITION lost.		(c)	Valete	nellitis	red	Hers)
UNDERLYING	G CONDITION lost.	NTRIBUTING	(c)	tundu Pralett	nellitis	red	yens	
OTHER SIGNIE TO THE DEAT	G CONDITION lost,	NTRIBUTING HE TERMINAL IT I (A).	(c)	tunlu Paleli verlige	la Mitter	WEBE EINDING	yens gesky	
OTHER SIGNIFICATION OF THE DEAT OF THE DEA	FICANT CONDITION TOST, FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER	NTRIBUTING HE TERMINAL IT I (A). IDITION FOR V	(C)	tundu Paleli Enerlige 20A. AUTOPSY	(Yes or No) 20B. IF YES, IN CERTIFY	WERE FINDING NG CAUSES OF	DEATH?	
UN DERLYING OTHER SIGNIF TO THE DEAT DISEASE OF C 19A. DATE OF OR CONTRIBUTE DEATH (notify	G CONDITION lost,	NTRIBUTING HE TERMINAL IT I (A). IDITION FOR N	PLACE OF INJURY (e.g., ine, lorm, loctory, street, o	n or obout 21 C. WH	? (Yes or No.) 20B, IF YES, IN CERTIFY	NG CAUSES OF	yeus s considered DEATH? (ve exact location)	
UNDERLYING OTHER SIGNIF TO THE DEAL DISEASE OR C 179. DATE OF 21.A. ACCIDE OR CONTRIBUT DEATH (notify)	FICANT CONDITION IOST. FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION TO WAS PER NT WAS UNDERLYING UTING CAUSE OF	NTRIBUTING HE TERMINAL LT I (A). DITION FOR N FORMED 218, hom etc.	PLACE OF INJURY (e.g., ine, lorm, loctory, street, o	n or about 21 C. WH ffice bidg., INJURY	? (Yes or No.) 20B, IF YES, IN CERTIFY	Boltimore City, gi	DEATH?	
OTHER SIGNIFICATION OF THE DEAL DISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDE OR CONTRIBUTED OF THE CO. 19A. TH	FICANT CONDITION IOST, FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF T medical exominer)	NTRIBUTING HE TERMINAL IT I (A): DITION FOR V FORMED 218, hometc. (Hour) 21E, Wh	PLACE OF INJURY (e.g., ite, lotm, loctory, street, o	n or obout 21C. WH ffice bldg, INJURY	? (Yes of No.) 20B, IF YES, IN CERTIFY! ERE DID (If in OCCUR?	Boltimore City, gi	DEATH?	
UNDERLYING OTHER SIGNIF TO THE DEAL DISEASE OR C 179. DATE OF 21A. ACCIDE OR CONTRIBE OF INJURY (APPROX.)	G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF Medical examiner (Month) (Day) (Year)	NTRIBUTING HE TERMINAL IT (A). DITION FOR V FORMED 218, hometc. (Hour) 21E, Wh	PLACE OF INJURY (e.g., ite, lorm, loctory, street, o	n or obout 21C. WH ffice bldg, INJURY	? (Yes of No.) 20B, IF YES, IN CERTIFY! ERE DID (If in OCCUR?	Boltimore City, gi	DEATH?	
UNDERLYING OTHER SIGNIF TO THE DEAL DISEASE OR C 179. DATE OF 21A. ACCIDE OR CONTRIBE OF INJURY (APPROX.)	FICANT CONDITION IOST, FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF T medical exominer)	NTRIBUTING HE TERMINAL IT (A). DITION FOR V FORMED 218, hometc. (Hour) 21E, Wh	PLACE OF INJURY (e.g., ite, lorm, loctory, street, o	n or about 21C. WH ffice bldg., INJURY	(Yes or No) 20B, IF YES, IN CERTIFY! ERE DID OCCUR? W DID INJURY OCCUR?	NG CAUSES OF	ive exact location)	9 6 ,
UNDERLYING OTHER SIGNIF TO THE DEAL DISEASE OF C 19A. DATE OF OR CONTRIBUTE COFINIUMY (APPROX.) 22. I certify	G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF Medical examiner (Month) (Day) (Year)	NTRIBUTING HE TERMINAL LI I (A). DITION FOR V FORMED 21B, hometo. (Hour) 21E, Wh. Wo	PLACE OF INJURY (e.g., in the location of the	n or about 21C. WH ffice bldg., INJURY	? (Yes of No.) 20B, IF YES, IN CERTIFY! ERE DID (If in OCCUR?	NG CAUSES OF	ive exact location)	9 6.
OTHER SIGNIE TO THE DEAD DISEASE OR CO. 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we)	FICANT CONDITION IOST. FICANT CONDITIONS CO TH BUT NOT RELATED TO TONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF Medical exominer (Month) (Doy) (Year) That (I) (this haspital I last saw the decease	NTRIBUTING HE TERMINAL LT I (A). DITION FOR V FORMED 21B, hometa. (Hour) 21E. Wh. Wo	PLACE OF INJURY (e.g., i te, lorm, loctory, street, o e) INJURY OCCURRED ite At Not Whit At Work he deceased from	n or obout 21C. WH ffice bldg., INJURY	(Yes or No) 208. IF YES, IN CERTIFYI ERE DID (If in OCCUR? W DID INJURY OCCUR?	NG CAUSES OF	ive exact location)	9 6.
OTHER SIGNIF TO THE DEAD DISEASE OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we)	FICANT CONDITION IOST. FICANT CONDITIONS CO TH BUT NOT RELATED TO TONDITION GIVEN IN PAR FOPERATION 198 CON WAS PER NT WAS UNDERLYING UTING CAUSE OF Medical exominer (Month) (Doy) (Year) That (1) (this haspital) last saw the decease d fram the causes star	NTRIBUTING HE TERMINAL LT I (A). DITION FOR V FORMED 21B, hometa. (Hour) 21E. Wh. Wo	PLACE OF INJURY (e.g., in the location of the	n or obout 21C. WH ffice bldg., INJURY	(Yes or No) 208. IF YES, IN CERTIFYI ERE DID (If in OCCUR? W DID INJURY OCCUR?	Boltimore City, gi	ive exact location)	9 6 n
OTHER SIGNIF TO THE DEAD DISEASE OF CONTRIBUTION OF INJURY (APPROX.) 21.1 certify that (1) (we) and haur and	FICANT CONDITION IOST. FICANT CONDITIONS CO TH BUT NOT RELATED TO TONDITION GIVEN IN PAR FOPERATION 198 CON WAS PER NT WAS UNDERLYING UTING CAUSE OF Medical exominer (Month) (Doy) (Year) That (1) (this haspital) last saw the decease d fram the causes star	NTRIBUTING HE TERMINAL LT I (A). DITION FOR V FORMED 21B, hometa. (Hour) 21E. Wh. Wo	PLACE OF INJURY (e.g., in the location of the	n or about 21C. WH ffice bldg, INJURY 21F. HO 19 6 9 riew the body after	(Yes or No) 20B. IF YES, IN CERTIFY! ERE DID OCCUR? W DID INJURY OCCUR? 19 5 ta and that in (my) (conter death.	Boltimore City, gi	ive exact location)	9 6., n the
UNDERLYING OTHER SIGNIF TO THE DEAL DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIBE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	FICANT CONDITION IOST. FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF Medical examiner) (Month) (Day) (Year) That (I) (this haspital I last saw the decease d fram the causes star	NTRIBUTING HE TERMINAL LT I (A). DITION FOR V FORMED 21B, hometa. (Hour) 21E. Wh. Wo	PLACE OF INJURY (e.g., in the late of the	n or about 21C. WH ffice bldg., INJURY 21F. HO 19	P(Yes of No) 20B, IF YES, IN CERTIFY! ERE DID OCCUR? W DID INJURY OCCUR? 19 6 4 to the death.	Boltimore City, gi	ive exact location)	9 6, g
OTHER SIGNIE TO THE DEAT DISEASE OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	FICANT CONDITION IOST. FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION TO THE CONDITION TO T	NTRIBUTING HE TERMINAL LT I (A). DITION FOR V FORMED 21B, hometa. (Hour) 21E. Wh. Wo	PLACE OF INJURY (e.g., in the late of the	n or about 21C. WH ffice bldg, INJURY 21F. HO 19 6 9 riew the body after	(Yes or No) 20B. IF YES, IN CERTIFYI (If in OCCUR? W DID INJURY OCCUR? 19 5 ta and that in (my) (conter death.	Boltimore City, gi	ive exact location)	9 6., of the
UNDERLYING OTHER SIGNIF TO THE DEAT OR CONTRIBUTE TO THE DEAT OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATURE 23C. PHYSICIA NAME (T	G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner (Month) (Day) (Year) That (I) (this haspital last saw the decease d fram the causes star JRE AN'S Type) MATION, 1248. DATE	NTRIBUTING HE TERMINAL LT I (A). DITION FOR V FORMED 21B, hometa. (Hour) 21E. Wh. Wo	PLACE OF INJURY (e.g., in the late of the	n or obout 21C. WH ffice bldg., NJURY 21F. HO 19 69 riew the body aft 23D. ADDRESS	(Yes or No) 20B. IF YES, IN CERTIFYI (If in OCCUR? W DID INJURY OCCUR? 19 5 ta and that in (my) (conter death.	Boltimore City, gi	oth occurred and the signed	9
UN DERLYING OTHER SIGNIF TO THE DEAL DISEASE OR CO 19 A. DATE OF 21 A. ACCIDE OR CONTRIBL DEATH (notify (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF Medical exominer (Month) (Day) (Year) That (I) (this haspital I last saw the decease d fram the causes stat JRE AN'S (ype) MATION, 248. DATE Specify)	NTRIBUTING HE TERMINAL IT (A). DITION FOR V FORMED 218, hometal Why Wo Wo Attended to A	PLACE OF INJURY (e.g., ite, lorm, loctory, street, or locally street,	n or obout 21C. WH ffice bldg., NJURY 21F. HO 19 69 riew the body aft 23D. ADDRESS	(Yes or No) 208. IF YES, IN CERTIFY! ERE DID OCCUR? 196 4 ta and that in (my) (conter death.) 24D. LOCATION	Boltimore City, gi	or county)	y (State
UNDERLYING OTHER SIGNIF TO THE DEAL DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIBUT OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T) 4A. BURIAL CRE REMOVAL (BUTIAL)	G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examiner (Month) (Day) (Year) That (I) (this haspital last saw the decease d fram the causes star JRE AN'S Type) MATION, 1248. DATE	NTRIBUTING HE TERMINAL IT (A). DITION FOR V FORMED 218, hometal (Hour) 21E, Wh Wo (Hour) 21E, wh Wo (Hour) 21E, wh	PLACE OF INJURY (e.g., in the later of the l	n or obout 21C. WH ffice bldg., NJURY 21F. HO 19 69 riew the body aft 23D. ADDRESS	(Yes or No) 208. IF YES, IN CERTIFY! ERE DID OCCUR? 196 / ta and that in (my) (conter death.) 24D. LOCATION Brooklyn	Boltimore City, gi	or county)	9





RIE	TH NO.		MED	ICAL		AMIINEKS	EKIII	ICATE	Or	DEAT	REG. NO	D	
1.	NAME OF DEC	EASED					2. DATE	Known	Q.	Month	Doy	Yeor	Hour
(Type or Print) WILLIAM A. CASEY							OF DEATH	Estimot	4.5	B	20	60	6-20- 4
4.	LACE IN BAL						3. DATE			Month	Doy	69 Yeor	6:30a M.
	L NAME OF	(IF NO	IN HOSPITA	L OR INST	OITUTIO	N, GIVE STREET	PRON	DUNCED DE	AD				
HO OR	SPITAL INSTITUTION	ADDRE	SS OR LOCA	TION)			5 IISHAI	RESIDENCE	(Where	April	v ed. If instituti		9 6.30 a M. ce before odmission)
1							A. STATE	NESIDEI VEL	(,,,,,,,,,,	0000000011	B. COUNTY		r 42
0		2417 S	. Paca	Stre		D.O.D	0.000	Maryla R TOWN	ind		To micion	2	9-73
6.	EX	7. RACE		8. MARRI	IED L	NEVER MARRIED	C. CITY C	RIOWN			D. INSIDE	CITY LIMITS	57
	Male	Color	ed	WIDOW	/ED	DIVORCED _		Balto				YES 🗌	но 🗌
9. 1	ATE OF BIRTH	Н	10.AGE (Ir		If Und	der 1 Yr. If Under 24 Hrs. s Doys Hours Min.	E. STREET	AND NUM	BER				
1	7-17-14		54	"	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0/17 c	Dag	a Ctr	not-		
11.	BIRTHPLACE (S	tote or foreig		1		TIZEN OF	13. FATHE	R'S NAME	Fac	a str	sec		
1	Marylan	nd				HAT COUNTRY?	Dlole	0000					
			kind of work	148. KIND		USINESS OR INDUSTR	15. MOTH	Case	NAN	ΛE			
	during most of w		en ifretired)				-						
	ongshor was decease		IS APMED	FORCES	2 1	17. SOCIAL	18. INFO	ra Her	ison			ADDRESS	
(Ye	, no or unknown)	(If yes, give w	or or dotes	of service)	,	SECURITY NO.						ADDRESS	
_							Lill	6 A.	Cas	ey 24	17 S.	Paca	
	14/2.	21				CAUSE OF DEA	тн					18 E	APPROXIMATE INTERVAL
	DISEAS	E OR COND	TION DIREC	CTLY									
		LEADING TO	DEATH			(A)IMMEDIATE O	AUSE LI	monton	eimo	aardi	03790011	lan d	icanca
	heort foilure,	ot mean the , osthenio, etc. aplication which	It meons the	diseose,		(A)IMMEDIATE O	S A CONSI	QUENCE OF:	:		rovaseu	# Gran	± 9-6 d-9 6
		MIECEDENT		CIVING		(8)(8)	AS A CONS	EQUENCE O	F.				
	RISE TO THE	OR CONDITION	JSE (A) STA	TING THE		DOL 10, OK	AS A CON.	EQUENCE O	· ·				
2	UNDERLYIN	IG CONDITI	ON LAST.			(c)							
CERTIFICATION	-		11										
S		IFICANT CON											
臣		CONDITION			1117						****		
E	20 A. DATE OF	OPERATION	208. COI	NOITION	FOR V	VHICH OPERATION W	S PERFOR	MED				21. AU	TOPSY? (Yes or No)
O	0												No
₹		NAL CAUSE				LACE OF INJURY(e.g.,				If in Boltimo	re City, give e	exoct locotion	n)
EDIC,	UNDERLYING				home,	form, foctory, street, offic	e bldg., etc.)	INJURY OC	CUR?				
M	UTING L CA		oy) (Year	r) (Hour) 22	E.INJURY OCCURRED		22F. HOW	DID IN.	JURY OCC	UR?		
50	OF INJURY (APPROX.)				W	HILE AT NOT	WHILE						
ь	23.				m. W	ORK L AT V	ORK L						
		ify that I he	ald on 1	nguiry [7	Inspection XX Au	top sy	and the	at an th	sie basts	death in m	v eninlen	
١.								_	_				
п	result	led from: N	atural cau		Ac	gident Suicio	le 🔲	damicide _			ned manner		
	ACTUAL	TX	. 1	4	11	/ (`		CHIEF MED					DATE SIGNED
	SIGNATI			1		M.C	. AS	SISTANT MEI	DICALE	XAMINER	xx		
	EXAMIN	ER'S					AS:	OCIATE MEI	DICAL E	XAMINER			
_	NAME (T		Edwar	d F.	Wi1	son, M.D.			_				/20/69
	A. BURIAL CREA MOVAL (Specif		48. DATE		240	NAME of CEMETERY	or CREMA	TORY	24D.	LOCATION	(City, to	wn, or coun	nly) (Stote)
	Burial	,,	4-24-	.60	1	Mt. Auburn			Be	altim	ore, N	faryl:	and
_	A. DATE REC'D	BY HEALTH			AME	OF REGISTRAR	250	FUNERAL I				ADDRESS	
	(3	PR 12	1969	00	P (E Fallenta		harle			9 661		Barre St.
	54	图是13 -18-分别	TRAA.	Y SYL	1	C. ACHRENIA							
1					-	7 7 7 7	A 2	3 6	3 63				

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BALTIMORE	CITY	HEALTH	DEPARTMENT
DACTIMORE	0111	LIEVETTI	DELYKIMEN

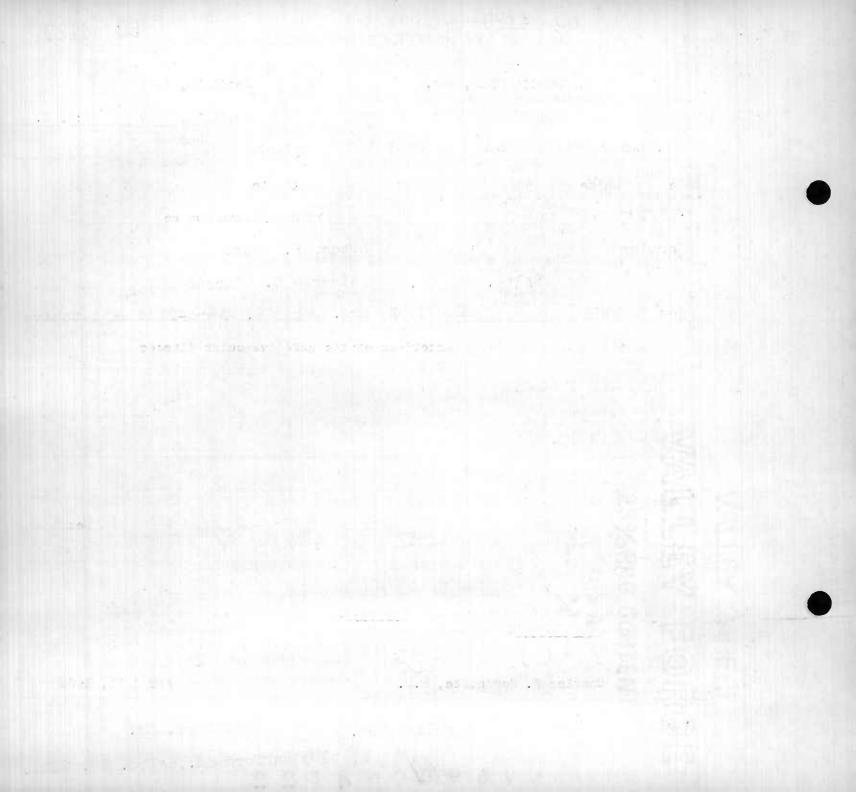
BIRTH NO. 69	4128 CERTIFICA	TE OF DEATH REG. NO.	9 4128
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	1
FAUNTLEROY.	Dorothy Louise	April 18, 1969) 1:10 Am
3. PLACE IN BALTIMORE MARYLAND, W	L NOED DEAD 12 4/69	4. USUAL RESIDENCE IWhere deceased lived. If A. STATE 8. COUNTY Maryland	institution: residence before admissioni 2/-0/ SIDE CITY LIMITS?
U.S. Public Health S	Service Hospital	Baltimore E. STREET AND NUMBER	YES X NO
27	-tang	547 S. Paca Street	
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female Negro	WIDOWED DIVORCED	6-17-24	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	NA	Tenn.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	iffith	Whitaker, Kittie	
15. Was Deceased Ever in U. S. Armed Fore (Yes, no or unknown) (If yes, give war or date:	ces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	NA	U.S. Public Health Service	ee Hosp: Balto, Md.
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meen the mode of heart foilure, asthenio, etc. If means injury or complication which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if consent to the obove cause (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 19B-CONTO WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	dying, e.g., the disease, death.) any, giving stoling the (c). CHRON NTRIBUTING TE TERMINAL (1) (A).	SE CARDIAC ARREST A CONSEQUENCE OF: RATION PNEUM ONITIS A CONSEQUENCE OF: LA COHOLISM & CIRRI 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE NO To or obout 21 C. WHERE DID ince bldg. INJURY OCCUR? (II in Boltimo	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES DAYS YEARS FINDINGS CONSIDERED AUSES OF DEATH? OTE City, give exact location)
OF INJURY (APPROX.)	While Al Not While Work At Work		
22. I certify that (I) (this hospital)			ril 18 19 69
that (1) (we) lost sow the deceased	d alive an April 18	1969ond that In (my) (our) op	Inlan death occurred on the date
and hour and from the couses state	ed above. () (We) (did) (did hot) vi	iew the body ofter death.	
23A. SIGNATURE Phartin W. X 23C. PHYSICIAN'S	Olnhe M.D. Atter	nding Med. Shoff Director Phys. C	238, DATE SIGNED 4/20/69
MARTIN W.	DENKER	USPHS HOSPITAL BAL	TIMORE
24A BURIAL CREMATION, 248 DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE		ity, town, or county) (State)
Burial 4-23-69	9 Mt. Auburn	Baltimore, N	faryland ADDRESS
APR 22 1969 (Lles E, torbey		W. Barre St.

4/24/69 - Correction form from funeral director.

69 4129 BALTIMORE CITY HEALTH DEPARTMENT

69	4129

DIDTH NO		WEL	ICAL I	EXAMINER'S	LEKIIF	ICATEO	PDEAT	H REG. NO.		
I. NAME OF DEC	TEASED		W.		2. DATE	Known X	Month	Doy	Yeor	Hour
(Type or Print)		LAWREN	CE AKE	RS, sr.	OF	Estimoted [20, 1969	, 55.	
4. PLACE IN BAL				NOUNCED DEAD	DEATH 3. DATE	Estimotes E	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL	(IF NO		AL OR INSTITU	JTION, GIVE STREET	II .	DUNCED DEAD	April			6:15 P. A
OR INSTITUTION			,			RESIDENCE (Whe		ived. If institution: re	sidence b	
	nns Hop	kins H	•		A. STATE	Maryland		B. COUNTY	1,7.	-06
6. SEX	7. RACE		8. MARRIEI	NEVER MARRIED	C. CITY C	RTOWN		D. INSIDE CITY	LIMITS?	
Male	Whit	A STATE OF THE PARTY OF THE PAR	WIDOWE			Baltimor	e	YES	I K	NO 🗆
9. DATE OF BIRT		lost birthdo		Under 1 Yr. If Under 24 Hrs. onths: Doys: Hours: Min.	E. STREET	AND NUMBER				
1/16/1	- /	48				2108 Han	ilton A	Avenue		
11. BIRTHPLACE (on country)	12	CITIZEN OF WHAT COUNTRY?	13. FATHE	R'S NAME				
Maryl				USA	Luth	ner F. A	kers			
14A. USUAL OCCU	JPATION (Giv working life, ev	e kind of work en if retired)	14B. KIND O	F BUSINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN N.	AME			
			Balto	. G&E Co.	Alv	verta G.	Vince	ent		
16. WAS DECEAS (Yes, no or unknown	ED EVER IN	U.S. ARMEI	FORCES?	17. SOCIAL	18. INFO	RMANT		ADDI		
Yes	WWI	I		220073792	Mrs.	Doris	E. Ake	rs-2108	Ham	iltonAv
19.	7 41 1			CAUSE OF DEA	TH	1			BETW	PROXIMATE INTERVAL
DISEAS	E OR COND	ITIO NI DIDE	CTIV	Arteriosc	leroti	c cardiov	ascula:	r disease		
	LEADING TO		CILI			c cardio.	abcara	- GIDCADC		
	not mean the			(A)IMMEDIATE O		QUENCE OF:	landaradram am am dardandaradram variab dardah	der directivité salvaire bilitative servaite der der bilitative directive der directiv		*** *** ** ** ** ** ** ****** *** ***
	e, osthenio, etc mplication whi									
	NTECEDENT			(B)	AS A CONS	EQUENCE OF				
RISE TO TH	OR CONDITI	USE (A) STA	TING THE	DUL 10, OK	AJ A CON	EQUENCE OF:				
2	NG CONDIT	ION LAST.		(c)						
일 -		11								
O THE DE.	NIFICANT CON ATH BUT NOT R CONDITION	RELATED TO	THE TERMIN							
20A. DATE O			, ,	OR WHICH OPERATION W	AS PERFOR	MED		12	I. AUTO	PSY? (Yes or No)
5 7										
₹ 22A. EXTER	NAL CAUSE	MAS	122	8. PLACE OF INJURY (e.g.,	in or about	22C WHERE DIE	/if to Rolling	se City nive exact I	osation)	Yes
UNDERLYING UTING CA	OR CON	TRIB-	ho	me, form, factory, street, offic	e bidg., etc.)	INJURY OCCUR	?	ore City, give exact t	sconony	
≥ 22D. TIME		Doy) (Yeo	r) (Hour)	22E.INJURY OCCURRED		22F. HOW DID I	NJURY OCC	UR?		
OF INJURY (APPROX.)			_		WHILE					
23.		100	m	. WORK L	ORK					
I cert	tify that I h	eld an I	nquiry 🔲	Inspection Au	topsy X	and that an	this basis	, death in my op	inian	
resul	ted fram: N	latural cau	ses X	Ascident Suicio	de 🗌	Hamicide 🗌	Undeterm	ined manner		
	01)		CHIEF MEDICA				
ACTUAL	1 24	n K	1 0	1	AS	SISTANT MEDICA		x		DATE SIGNED
SIGNAT				M.C).					
EXAMIN NAME (Type) Ch	arles	S. Spr	ingate, M.D.	A5:	OCIATE MEDICA	LEXAMINER	☐ April	21,	1969
24A. BURIAL CRE	MATION,	24B. DATE		24C. NAME of CEMETERY	or CREMA	TORY 24	D. LOCATION	(City, town, o	r county)	(Stote)
REMOVAL (Spec	ify)	1/01	110				D- 1+ 1			
Burial		4/24		Moreland (lem,	EUNEDAL DISE	Baltin			
25A. DATE REC'D	BY HEALIH	59	25B. NA/	ME OF REGISTRAR		FUNERAL DIREC			RESS	
400			A During	C. Wary P.A.		305 Har	ford F	Rd.,Balt	o. M	d. 2121
VS 151-REV. 1/1/6	8		7	5 9 0 0	0 1		7			



BALTIMORE CIT	Y HEALTH DEPARTMENT 69 4130
BIRTH NO. 69 4130 CERTIFICA	ATE OF DEATH REG. NO.
(Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14 IISHAL RESIDENCE (Who described 11:30 PM
	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence belore admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTIMORE 27-57
MARYLAND GENERAL HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS? PALTIMORE YES IN NO
110	E. STREET AND NUMBER
48	2924 E. NORTHERN PARKWAY
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye., If Under 24 Hrs.
MALE WHITE WIDOWED DIVORCED	13-6-00 68
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if telired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
GAS STATION BENEFIEE GAS STATION	BALTIMORE Md. USA
13. FATHER'S NAME Owner	14. MOTHER'S MAIDEN NAME
FRANK HENRY MVIAHS	FLORENCE AND Ostrevec
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) [If yes, give wor or dates of service) SECURITY NO.	17- INFORMANT ADDRESS
YES WW7 220-20-1854	MANUEL SILVER - (FRIEND)
18. 5999 CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)IMMEDIATE CA	
heart failure, astherio, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES 7/0.1/A	RY EXTRAVASONTEIN
(8) V/~/ N/	A CONSEQUENCE OF:
rise to the obove cause (A) stoling the UNDERLYING CONDITION last	ine of Marther Catagoria
CO. TOTAL INST.	or I warma (ANN) ICENE
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	vinata_
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine) 218. PLACE OF INJURY (e.g., thame, farm, toctory, street, and the colory)	fice bldg., INJURY OCCUR?
	-
OF INJURY (APPROX) OF INJURY (APPROX) OF While At Not While	21F. HOW DID INJURY OCCUR?
Work At Wark	
22. I certify that (this hospital) attended the deceased from 20	April 1969 to 21 April 1969
that (1 (we) lost saw the deceased alive on 4 thus	and that In auth (aur) opinion death accurred on the data
and how and from the couses stated above. (We) (did) (did not) v	lew the bady after death.
(a) Kal	nding Med. Stoff C
23C, PHYSICIAN'S	Director Phys. D
I MAINE (Type)	23D. Address
JOLE Y SAKER M.D DEGREE AA. BURIAL CREMATION, 124B, DATE 124C, NAME of CREMETERY OF CRE	Maryland General Hospital
REMOVAL (Specify)	MATORY 24D. LOCATION (City, town, or county) (Stole)
Burial 4/24/69 Moreland Cem	Baltimore, Md
ALDO 29 1060 10 C C	ADDRESS
VS 150-REV. 1/1/68	Legnard J. Ruck Inc. Balto.Md. 21214



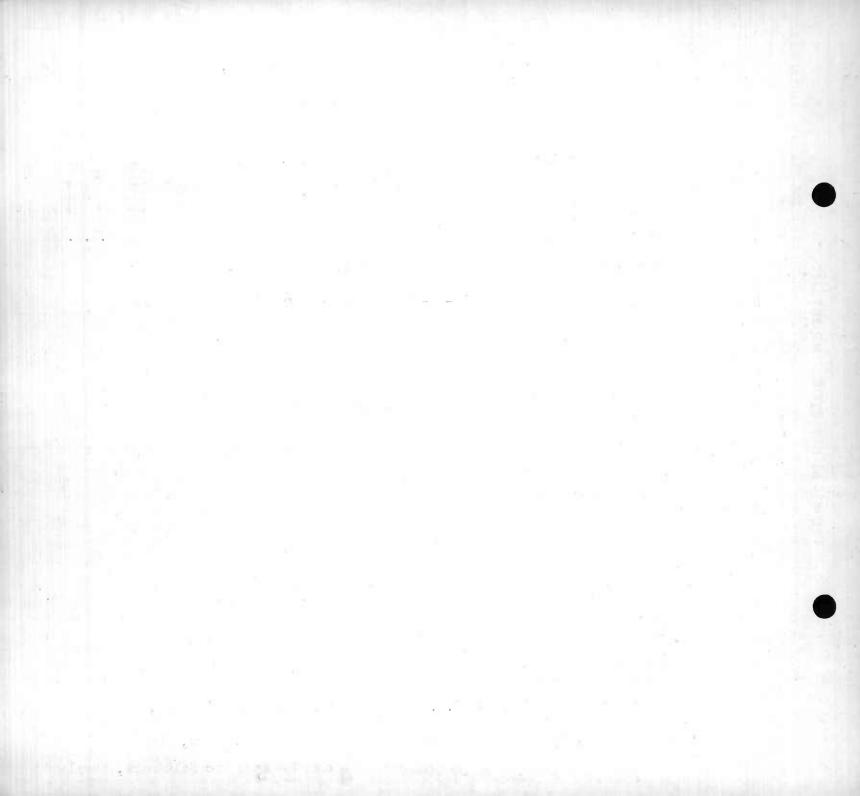
69 4131 BALTIMORE CITY HEALTH DEPARTMENT

69 4131

MEDICAL EXAMINER'S CERTIFICATE OF DEATH,

ВІ	RTH NO.							0, 1, 1		_,	" REG. NO			
	NAME OF DEC		D.			2.	DATE	Known	М	onth	Doy	Yeor	Hour	
(1)	pe or Finij	GE	ORGE 1	AISHE.	NK. Mishenk		OF DE ATH	Estimoted						М.
4.	PLACE IN BALT	IMORE, MAR	RYLAND, V	HERE P	ONOUNCED DEAD		DATE		М	onth	Doy	Yeor	Hour	
HC	LL NAME OF	(IF NOT	IN HOSPITA	LORINS	TITUTION, GIVE STREET			UNCED DEAD			21, 19		12:45	<u>M.</u>
01	INSTITUTION 2222	N. Cha	rlas	Stroo	+		CTATE	ESIDENCE (W Maryland		e osed liv	B. COUNTY	n: residence	before odmis	ssion)
4		7. RACE	I I E S				CITY OF		u		D. INSIDE C	TITY LIANTES	-06	
	Male	Whit	e	WIDOV	TED NEVER MARRIE			Baltimo:	re			YES K	NO 🗆	
9.	DATE OF BIRTH		10. AGE (In lost birthdo	y eors	If Under 1 Yr. If Under 2 Months, Days, Hours		STREET	2222 N.		rles				
11.	BIRTHPLACE (S		country)		12. CITIZEN OF	13.	FATHER	'S NAME						
L	Penna				WHAT COUNTRY?		Geo	rge P.	Mis	han	ko			
14/	.USUAL OCCUP	PATION (Give	kind of work	148. KIND	USA OF BUSINESS OR INC	OUSTRY 15.	MOTHE	R'S' MAIDEN	NAME	*****				
	XRoof		n mremed)				Lau	ra Leib	oold					
	WAS DECEASE) IB.	INFOR	MANT			1	ADDRESS		
	No	() 00) 9			21328	1891	Mr.	George	P.	Mi	shenko	-2826	Clea	rview
П	19. 11	2.44			CAUSE O	F DEATH							PPROXIMATE IN	
Н	DISEASE	OR CONDI	TION DIRE	CTLY	Arter	ioscle	eroti	c cardi	ovaso	cula:	r disea	se		
ı		EADING TO		,		DIATE CAUS								
	heort foilure,	of meon the rosthenio, etc. plication which	It meons the	diseose,	DUE TO	O, OR AS A	CONSEC	QUENCE OF:						
		R CONDITION		GIVING	(B)	O, OR AS A	CONSE	QUENCE OF:						
	RISE TO THE	ABOVE CAU	SE (A) STA	TING THE										
Z O		-			(c)			***						
CERTIFICATION	OTHER SIGNI TO THE DEA	IFICANT CON TH BUT NOT I CONDITION (RELATED TO	THE TERM	INAL									a and 55 50 00 00 1
RT	20A. DATE OF				FOR WHICH OPERATION	ON WAS P	ERFORA	MED				21. AUTO	OPSY? (Yes	or No)
	1 / 1												Yes	
MEDICAL			RIB-		22B. PLACE OF INJUR home, form, foctory, stree	Y (e.g., in o et, office bld	g, etc.)	22C. WHERE D	ID (If in R?	Boltimo	re City, give ex	oct locotion)		
ME	22D. TIME	Month) (Do		·) (Hou	r) 22E.INJURY OCCU	RRED	- :	22F. HOW DID	INJUR	Y OCCI	UR?			
	OF INJURY (APPROX.)				WHILE AT	NOT WHI								
-	23.			170	m. WORK	AT WORK								
ŀ	l certi	fy that I he	ld on 1	nquiry [Inspection .	Autops	sy X	ond that o	n this	basis,	deoth in my	y apinion		
	result	ed from: No	tural cau	ses K	A Ecident .	Suicide [] н	omicide 🗌	Und	etermi	ned monner			
-	ACTUAL	(0)	1	10	111-1			CHIEF MEDIC			=		DATE SIG	NED
ı	SIGNATU	IRE	ins	1.	Or gul	M.D.	ASS	ISTANT MEDIC	AL EXAM	AINER	[X]			
	EXAMINE NAME (T)	R'S C	harles	S. 1	Springate, M	.D.	ASSO	OCIATE MEDIC	AL EXAM	AINER	□ Ap	ril 21	, 1969	
	A. BURIAL CREM		B. DATE	17-77	24C. NAME of CEM	ETERY or C	CREMATO	ORY 2	4D. LOC	ATION	(City, tow	vn, or county	(Sto	ote)
	Burial	"	4/24/	69	Parkwood	Com	. Sec		Bal	Ltin	nore Co	o., Ma	aryla	nd
_	A. DATE REC'D	BY HEALTH D		-/	AME OF REGISTRAR	CEIII	25 C.	FUNERAL DIR	ECTOR			ADDRESS		
		appy	2 196	9 1	0 3-2 3-4	BowMA	Le	onard	J. F	Ruck	Inc.	Balto	o.Md.	2124
VS	151-REV. 1/1/6B		1917	7	6 9 0	0	6		6					J

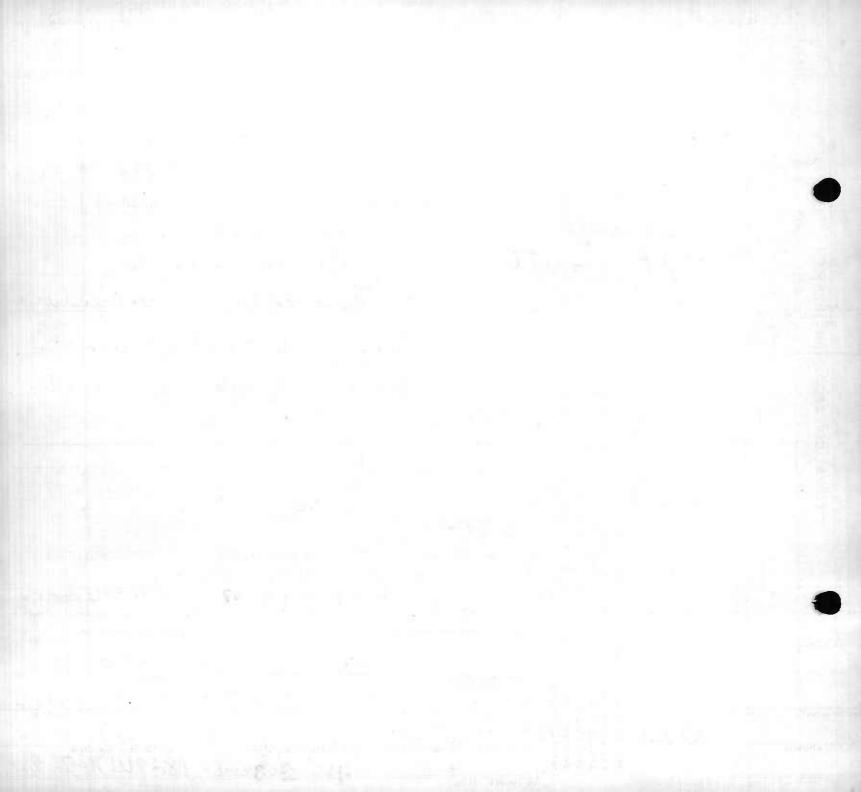
			BALTIMORE CITY	HEALTH DEPARTMENT		00 1100
		69 41	32CERTIFICA	TE OF DEATH	REG. NO	69 4152
BIRTH NO.		~ ~ ~				
Type or Print	CEASED				AND HOUR OF DEATH	
Re	becca Elizab	eth Gray		Apri	1 19,1969	M
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	A. STATE B. COL	here deceased lived. If UNIY	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSE	ITAL OR INSTIT	UTION, GIVE STREET	Maryland		11-01
HOSPITAL OR	ADDRESS OR LO	CATION)	oner, erre erreer	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
X				Baltimore		YES NO
				E. STREET AND NUMBER		
00	1001 St Paul	St		1001 St Paul	St	
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Female	White	WIDOWED		Sept 19,1893	9. AGE (In years lost birthdoy) 75	Months Doys Hours Min.
IDA, USUAL OCC	UPATION (Give kind of w			11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
done during most o	f working life, even if retired)				
Housewi				Maryland		U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
George	R Gorsuch			Maggie Dashi	elds	
15. Wos Deceose	d Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO NO	n) (If yes, give wor or de	oles of service)	215-30-2174	Mrs Angela Ke	llev	Same
1B. #			CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEA	SE OR CONDITION I	DIRECTLY		1	n -	BETWEEN ONSET AND DEATH
	LEADING TO DEAT			- hillinger	ed largo	D Min T.
	nol meon the mode		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	- of the lies	Turps of
	, osthenio, etc. II mean			_	- 0	
111(01) 01 00	ANTECEDENT CAUS		f)	lu la	,	100 A
			(B)	Musucotos	N	(Jung F.
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	G CONDITION lost.	, storing me	(c)			
1	- 11					
O OTHER SIGN	FICANT CONDITIONS C	ONTRIBUTING				
# 10 THE DEA	TH BUT NOT RELATED TO CONDITION GIVEN IN P.					
U 19A. DATE O	F OPERATION 198. CC	NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE O	WAS PI	ERFORMED			IN CERTIFYING C.	AUSES OF DEATH?
U 21 A. ACCIDI	ENT WAS UNDERLYING	☐ 21B	PLACE OF INJURY le.g., i	n or obout 21C. WHERE DID	(If In Boltime	ore City, give exoct location)
	y medicol exominer	hom etc.		fice bldg., INJURY OCCUR?		
D 21D. TIME	(Month) (Doy) (Yeo	r) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID I	NUIDY OCCUP?	
S OF INJURY	(ividinii) (boy) (red		ile At Not Whil		NJOKI OCCOK:	
(APPROX.)		Wo				1
22. I certify	y that (1) (this hospit	el) attended t	he deceased from	Maich	1969 10	Here 19 199
that (I) (we	+ tost saw the decea	sed alive an	Cerul 11	1964 and	that in (my) (our) ar	sinlan death accurred on the date
1/	4			iew the bady ofter deat		The desired of the desired of the desired
23A. SIGNAT	1.1	A above. (/ (ney terray (alla not) v	lew the body offer death	1.	DATE SIGNED
234. 3 GAA	11	V	All Ann	nding Med.	Shall	23B. DATE SIGNED
W	no 11 Mille	M Will	DEGREE Phy	Director L	Staff Phys.	4/21/64
23C. PHYSICI		-		23D. ADDRESS		11 /
HAME	Louis P Har	י מפטיוולוי	r M D	1007 St David	St Boltiman	Monreland
24A. BURIAL CR	EMATION, 24B, DATE		ME of CEMETERY of CRI	1001 St Paul		City, town, or county) (Stote)
REMOVAL	(Specify)					
Burial	4/23/0		ltimore Natio		Baltimore, M	
25A. DATE REC'I	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECT	- "	ADDRESS
	APR 22 1969	1 17 19 A	EQUID Senting	Leonard I	ack Inc Balt	imore, Maryland



(2- 650	GORSKI 69 4133 CERTIFICATE OF DEATH REG. NO. 68 4133	
	and eath ased the Such	I NAME OF DECEASED	
	- 0 0 5	(Type or Print) Catherine Goski AKA KATIE GORSKI 4/13/69 1 900 P	M
idsol E	hospi se o (5) D ance deat	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD. CERTIFICA TO THE PRONOUNCED DEAD. HOSPITAL OR HOSTITAL OR INSTITUTION. GVE STREET INSTITUTION ADDRESS OR LOCATION) ADDRESS OR LOCATION) L-25-69 4. USUAL RESIDENCE (Where decreased lived, if institution: residence before odmissic R. COUNTY MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?	an)
	d in ing caus	THE JOHNS HOPKINS HOSPITAL BALTIMORE E. STREET AND NUMBER LAFAYETTE & JOHN STREET	ol'
	occurre contribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Nonlhsi Doys Hours Min.	rs.
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) HOUSEWIFE 12. CITIZEN OF WHAT COUNT OS. A.	RT7
-	nt if death direct or c l; (4) Undet th was in on the dec disposition	FRANK DOMINICK MARVANN	
ORTAN	the the kind dea ince final	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 216-03-017 DAUGHTER 16. SOCIAL SECURITY NO 216-03-017 DAUGHTER 16. SOCIAL SECURITY NO 216-03-017 DAUGHTER 17. INFORMANTICIAN PROBLEM 18. ARMED FORCES 16. SOCIAL SECURITY NO 216-03-017 DAUGHTER 17. DAUGHTER 18. ARMED FORCES 18. ARMED FORCES 19. ARMED FORCES 216-03-017 DAUGHTER	
IMPO	Also, if e of any nounced attenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE UNIVERSE OF A VENUS CAUSE) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA (A)IMMEDIATE CAUSE UNIVERSE OF A VENUS CAUSE)	TH
OR:	ner. A acture pron	heal foiluse, asthenia, etc. it means the disease, injury or complication which coused deoth.)	
DIRECT	examiexami(3) A fr n who in reg	DISEASES OR CONDITIONS, il any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION lost. (B) Electrolyte unbalance DUE TO, OR AS A CONSEGUENCE OF: (C) Authy Ayafast	
AL	t medical medical y burns; physicial ian was	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	
FUNER	he chiet I by a m (2) Body re the p physicia fore the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Tos of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
-	No Se	OR CONTRIBUTING CAUSE OF home, form, foctory, sheet, office bldg, INJURY OCCUR?	_
	oved b hos r natu cept nd (6)	While At Work Work	_
	0 t	22. I certify that (1) (this hospital) attended the deceased from 4/3 1969 that (1) (we) last saw the deceased olive on 1969 and that in (my) (our) opinion death occurred on the day	te
	nust be a leased to ident of hospital o death) I must bu	and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Staff Staff	-
	0 0 0 0 0 0	23C. PHYSICIAN'S NAME (1990) NAME (1990) AVID B. Case M.D. Director Director Phys. 4/13/69 23D. ADDRESS NAME (1990) Will B. Case M.D. Dre Johns Konkin Kospital.	
	Sen den	24A. BYRIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORT 24D. LOCATION (City, town, or county) (Stole) Description (City, town, or county)	
1	the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR APR 22 1969 1000 668 Washing Ph. NEDMBJU 6067 Harford PH. NEDMBJU 606	- く
		TO 100 100 17 17 100	

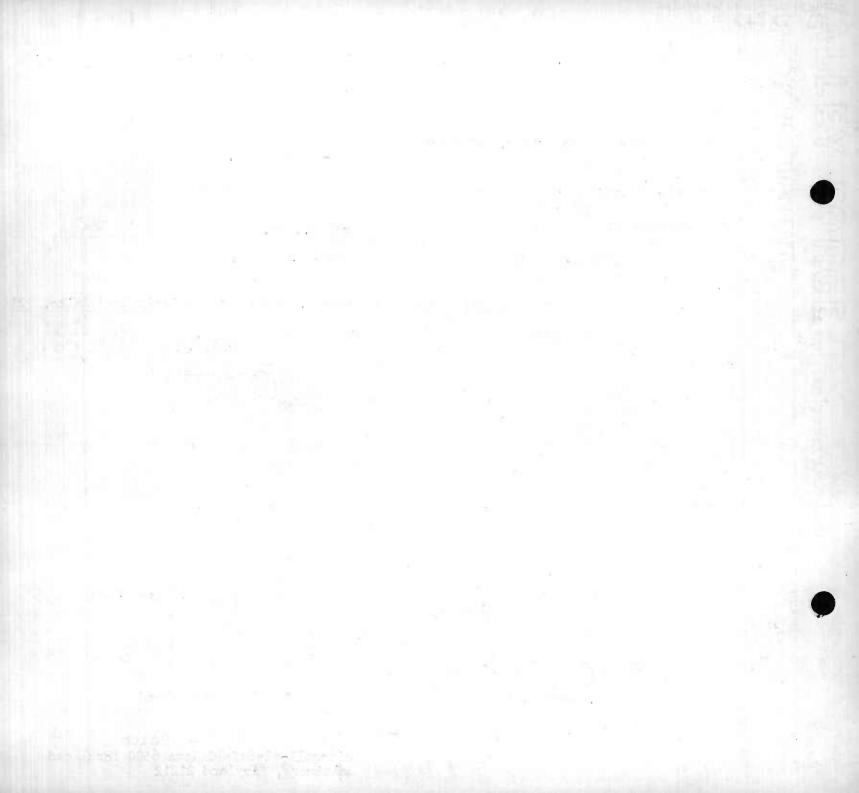
,	BALTIMORE CITY HEALTH DEPARTMENT
the Such	CERTIFICATE OF DEATH REG. NO. 69 4134
	Type of Print) EUGENE BALLARD 2. DATE AND HOUR OF DEATH 9 55 M.
ľ	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence below admission)
ı	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) A. STATE B. COUNTY A. STATE B. COUNTY C. CITY OR TOWN C. CITY OR TOWN D. INSIDE CITY LIMITS?
H	BALTIMORE YES P NO
	MERCY HOSPITAL E. STREET AND NUMBER ELANVALE ST
c mil	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yeors lost birthday) Months: Doys Hours Min. WIDOWED DIVORCED 4 - 17 - 0 lost birthday Months: Doys Hours Min.
7	OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?
9	lone during most of working life, even If refired) MARYLAND
ľ	3. FATHER'S NAME
	THMES BALLARD DELILAH MARTIN
1	5. Wos Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dolos of service) 16. SOCIAL SECURITY NO.
	NO A-218-03-2448 MARY BALLARD 305 E LANVALESA
	18. APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE LUNG CANCELY DUE TO DE SA CONSEQUENCE OF
	heort failure, eschenio, etc. It means the disease, injury ar complication which caused death,)
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
	luse to the docte code My Stellid IIIs
	UNDERLYING CONDITION last. (C)
:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
-	TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).
-	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION 1995 CONDITION FOR WHICH OPERATION WAS PERFORMED 2004 AUTOPSY? (Yes or No.) 1005 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
-	IN CERTIFTING CAUSES OF DEATH?
	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II in Baltimore City, give exact location) INJURY OCCUR?
	210-TIME (Month) (Day) (Year) (Hour 21E INTURY OCCURRED 21E NOW DID INTURY OCCURR
1	
	the state of the s
	ond have and from the causes stated above. (We) (did) (did ass.) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED /
	Attendiagon Med. Stoff 1
	23C-PHYSICIAN'S DEGREE 122D ADDRESS
	Moray hospia
2	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
,	BURNE 14/25/69 MH. CALYARY CEM, ANNE ARUNDEL CTY, MD.
2	SA, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS WHOM MARCH 928 F. WARTH AVE
=	5 150-REV. 1/1/68
١	





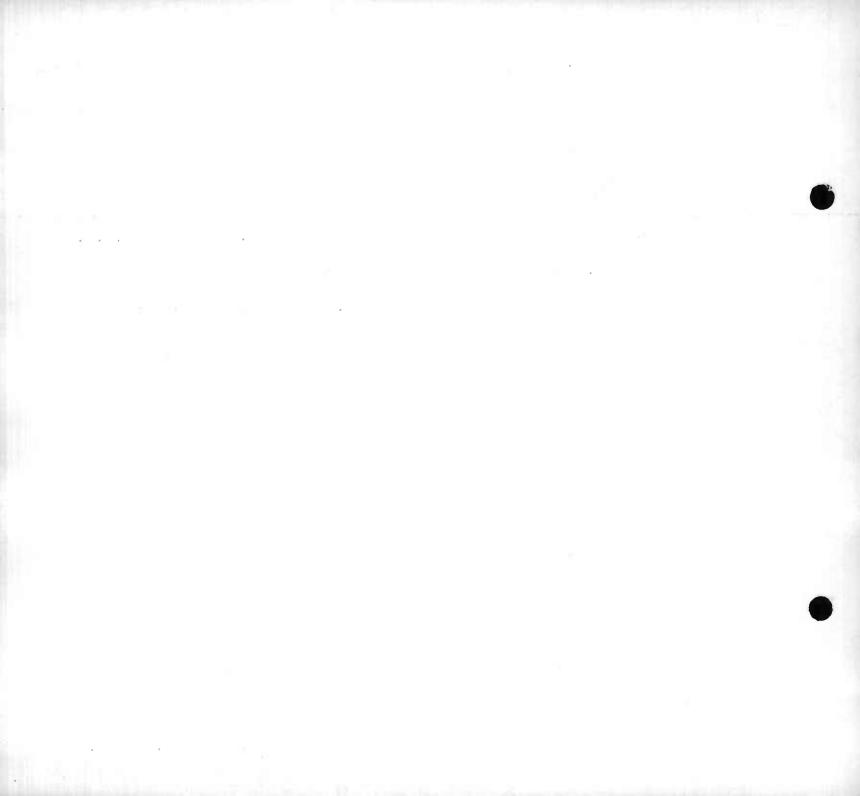
Maryland 21212

BALTIMORE CITY HEALTH DEPARTMENT



:20

(Stote)



	69 4138 BALTIMORE CIT	Y HEALTH DEPARTMENT
ð	BIRTH NO. CERTIFICA	ATE OF DEATH REG, NO. 09 4138
	T. NAME OF DECEASED (Type of Print) WILDLY L. SMITH	2. DATE AND HOUR OF DEATH
		4.21.69 13-2504
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 27-68
	HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Maryland General	E. STREET AND NUMBER
•	Hospital	611 - Cedar Croff Rd
made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye . If Under 24 Hrs.
is m	WIDOWED DIVORCED	11-24-19 50
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	
disposition	Mechanist	Baltimore, MD USA.
3	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2	William C. Smith	Mary E. Heil
	15. Was Deceased Ever in U. S. Armed Farcas? (Yes, na or unknown) (If yes, give war ar datas of service) SECURITY NO.	17. INFORMANT ADDRESS
	Yes WW-2 \$14-05-3015	Marguerite B. Smith
	18. CAUSE OF DEAT	
- 1	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
2	LEADING TO DEATH	USE Cardiagenic Shock 15 hours
3	heart lailure, asthenia, etc. It means the disease	A CONSEQUENCE OF:
	injury ar camplication which caused death.)	
	ANTECEDENT CAUSES	Myocardial infarction 2 days
,	rise to the above cause (A) stating the	A CONSEQUENCE OF:
2	UNDERLYING CONDITION last. (c) Diab	etese mellitus Syrs
	z II	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (A)	sclentic cardio vascular Disease
	O DISEASE OR CONDITION GIVEN IN PART 1 (A).	A Samuel Annual
	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yos at Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OP CONTRIBUTION OF CAMER OF	in or about 21 C. WHERE DID (If in Boltimare City, give exact lacotton)
	DEATH (notify medical examines) O 21D.TIME (Month) (Dayl (Yeor) (Hour) 21E INJURY OCCURRED	ince didge involver occors
3		21F. HOW DID INJURY OCCUR?
	(APPROXI While At Work At Wark	
	22. I certify that (I) (this hospital) attended the deceased from	1 0 1 100
	that (I) (we) lost sow the deceased alive on	19 and that In(my) (our) opinion death occurred on the date
	and hour and fram the causes stated above. (1) (We) (did) (did not) v	
	23A. SIGNATURE	
		ending Med. Staff C
2	DEGREE	23D. ADDRESS
	MOHAMMAD SIDI GM.B.B. S.	Manyland General Hospita
9	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (Stotal
	Buria 4/24/69 Druid Ridge Come	25C. FUNERAL DIRECTOR ADDRESS
	APR 42 1969 9 35 900 0 1994	Mitchell-Wiedefeld Home-6500 York Rd. 21212
	VS 150-REV. 1/1/68	



Carles and the AV J

12 110 police

10 10

Ti Talden

	69		TY HEALTH DEPARTMENT	F	69 4140
	RTH NO.	CERTIFIC	ATE OF DEATH	REG. NO.	70 1110
	NAME OF DECEASED	\ /	,	HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	YATES	U4 USUAL 05010 FNOS 1991	9-69	1 630 M
	WHERE F	KONOUNCED DEAD	A. STATE & COUNT	deceased lived, Il insti f	itution: residence belore admission)
H	JLL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MID.		17-01
IN	IM//VERCITY	14040.	C. CITY OR TOWN		E CITY (IMITS?
	201011-13111		E. STREET AND NUMBER		YES NO
	38			PINE S	7.
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9.		tl Under 1 Yr Il Under 24 Hrs. Months; Doys Hours; Min.
	/ Wido		12-16-25	46.3	Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working lite, even if retired)	D OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY
			N.C.		U.S.A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1	
L	JUDGE YATES		AGUSTA	TOLLIVER	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give wor or dates al serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	DERSON	ADDRESS
			-SOAN AND	PINE ST	-
	18.560.9	CAUSE OF DEA		,,,,,	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		PNEUMONIT		BETWEEN ONSET AND DEATH
	This does not meen the mode of dving	e.g. (A) IMMEDIATE CA	S A CONSEQUENCE OF:	/ 4	
	heart failure, asthenia, etc. It means the disc injury or complication which coused death.)	ease,	2 A CONSEGUENCE OF:		
1	ANTECEDENT CAUSES	4	BOWEL OBST	RUCTION	
	DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR A	S A CONSEQUENCE OF:	*************************	********
1	rise to the obove couse (A) stoling UNDERLYING CONDITION tost.	(c)			
	11	(0/			***************************************
ON N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG (5/2/)	RE DISORDER)	
CA.	IDISEASE OR CONDITION GIVEN IN PART 1 (A)	***************			***************************************
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	MASS CECUM	20A. AUTOPSY? (Yes or No)	OB IF YES WERE FIN	DINGS CONSIDERED
S	21A. ACCIDENT WAS UNDERLYING	21B, PLACE OF INJURY (B.G.	in or obout 21 C. WHERE DID		lity, give exoct location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, form, foctory, street,	ollice bldg., INJURY OCCUR?	ht in political C	my, give exect locolion;
103	OF INJURY (Month) (Doy) (Yeor) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
×	(APPROX)	While At Not Wh	ile 🖂	, ocook.	
	22. I certify that (1) (this hospital) attend	MON MI WOU		16 11	
	that (1) (We) Jost you the deceased alive			69 to 4	1967
11	and hour and from the causes stated abov		ulau the hade of a last	in (my) (oper) objuje	n death occurred on the date
	23A. SIGNATURE	Control (Glovial)	view the body difer death.	123	B, DATE SIGNED
	Lan 2 Low	OL	ending Med. Sta	म ठेव	1/ 15-10
	23C. PHYSICIAN'S NAME (Type)	OEGREE PI	23 D. ADDRESS	-	4-17-67
	GARY L.	VOREL MO	PHINERSITY	1 Llass	13 Of 11.
24A		C. NAME OF CEMETERY OF CH		ATION (City, I	lown, or county) Stote)
	RIAL 4/25/69	Chadburn	Mont	h Carolina	
2SA		ME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
		S. John May	Adolphus Ha	lstead 120	06 W North AVe
VS	ISO-REV. 1/1/68				



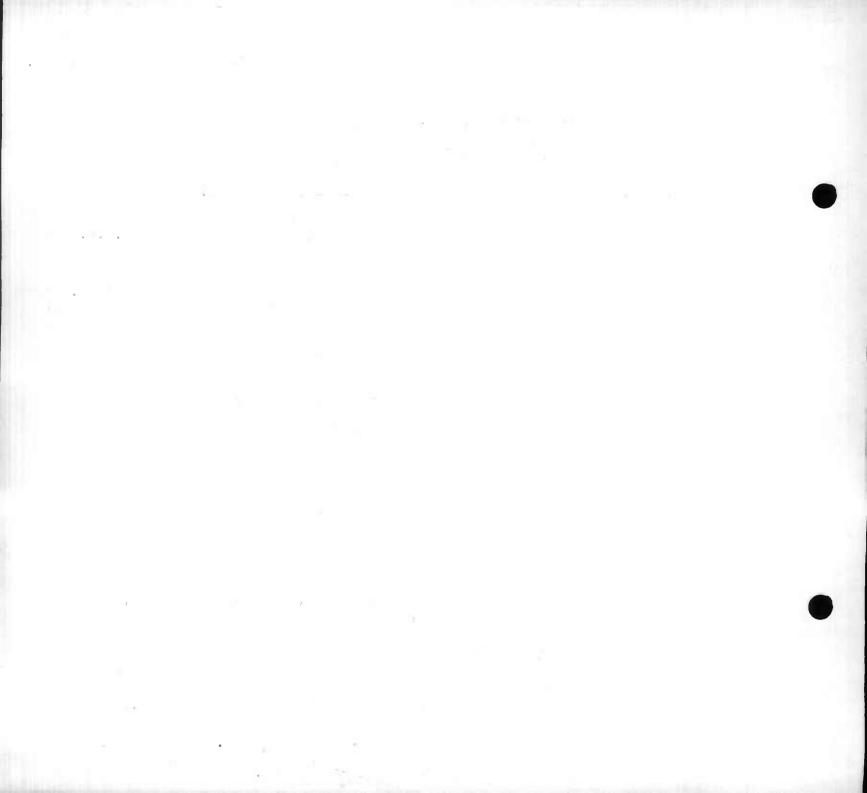


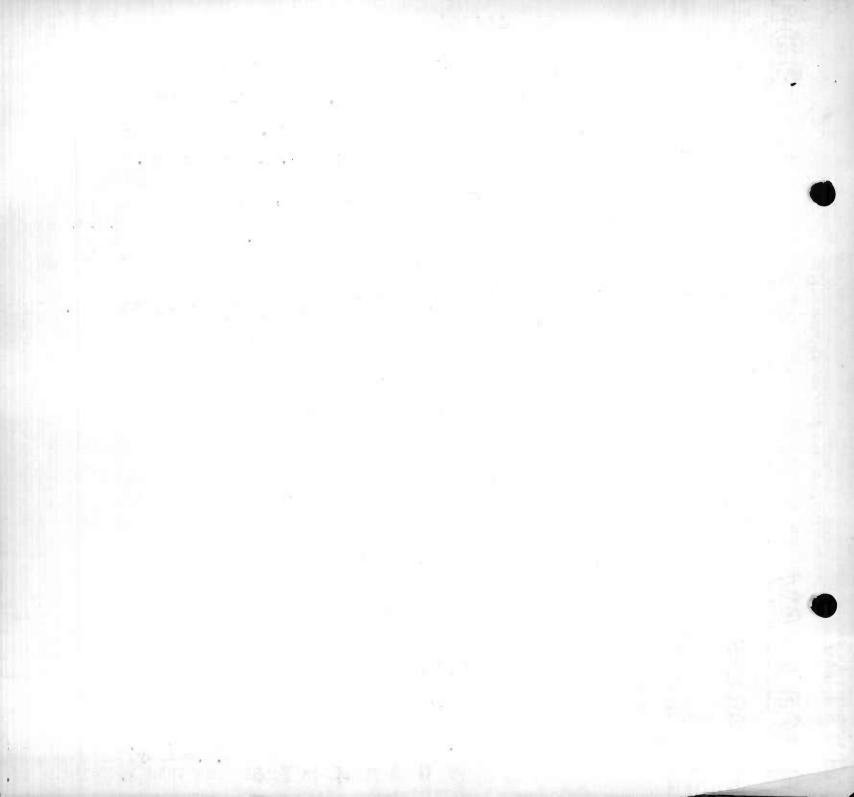
69 4	1142
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BALTIMORE CITY HEALTH DEPARTMENT

69	4	1	4	

BIRTH NO.	D	9 414	CERTIFICA	TE OF DEATH	REG. NO	00 4142
1. NAME OF (Type or Print)	R	ena Sal			ND HOUR OF DEATH	6:30 a.
3. PLACE IN	BALTIMORE, MARYLAND	WHERE PRON	DUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived, if in	stitution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION Provident Hospital, Inc.			Maryland C. City OR TOWN		15-01 DE CITY LIMITS?	
	1514 Div	_		Baltimore		YES A NO
57			land 21217	E. STREET AND NUMBER 1309 Presstm	an Street	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	0 405 //-	II Under 1 Yr. II Under 24 Hr. Months: Doys Hours Min.
Female	Negro	WIDOWE	DIVORCED [12-25-07	lost high 69	Months Doys Hours Min.
IOA, USUAL C	CCUPATION (Give kind of wast of working tife, even if retire	ork 108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for Calvert Count	eign country)	12. CITIZEN OF WHAT COUNTE
				Maryland		U.S.A.
3. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
5. Was Dans	ased Ever In U. S. Armed	F?	11.6 50.0141	17 10150044		
res, no or unkr	nown) (If yes, give wor ar d	oles of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		1534 N. Care
18.)	2		CAUSE OF DEAT	Garlethia Dig	gs-Granddau	
100	SEASE OR CONDITION	DIRECTIV	CAUSE OF DEAT	n		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
J.,	LEADING TO DEAT		(A) IMMEDIATE CAL	Congestive H	Heart Failur	e
(This do	es not mean the mode ure, osthenia, etc. It mea	of dying, e.g.	DIETO OR AC	A CONSEQUENCE OF:	*************	
injuty at	camplication which cous	ed death.)	*			
	ANTECEDENT CAUS			sclerotic Heart	Disease	
	S OR CONDITIONS, i the abave cause (A		DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
UNDERL	YING CONDITION last.	u siving in	(c) Dlabete:	s Mellitus	*********	
7	11					
TO THE D	ENIFICANT CONDITIONS CONTINUES CONTI	THE TERMINAL	Senilit	V		
DISEASE O	OF OPERATION 198. CO	NOTION FOR		20A. AUTOPSY? (Yes or No	D) 20B. IF YES. WERE F	INDINGS CONSIDERED
19A. DATE		ERFORMED		No	IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF only medical examiner	21 hor etc	ne, form, factory, street, af	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(li In Boltimore	City, give exact facation)
21D. TIME			INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
(APPROX)		W	hile At Not While	• 🗆		
22. I cer	tify that (I) (this haspi	al) attended	the deceased from Fe		19 69 to Apri	1 21, 19 69
	we) last saw the dece					ian death accurred on the dot
and haur	and fram the causes s	tated abave.	(1) (We) (did) (did nat) v	lew the body ofter death.		
23A. SIGN		1				23 R DATE SIGNED
		Alleg	Atte Phys	nding Med. Director	Staff Phys. 35	4-21-69
23C. PHYS	ICIAN'S	1/	" - V DEGREE!	23D. ADDRESS		
		. 00	S. TENGLO	1514 Division	Street Ba	lto., Maryland
REMOV	CREMATION, 248. DATE AL (Specily)	24C. N	AME of CEMETERY of CRE			y, town, or county) (State)
Buri		-69 A	rbutus Mem.	Pk. B	alto.	Md.
5A. DATE RE	C'D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	V.R. Bale	ey ADDRESS
	APK 19.	1 9	8 92 BAS	Kelsen F.H	1348 Ca	lhoun Street
/S 150-REV, 1	/1/6B				*	





MEDICAL I	EXAMINER'S C	LERTIFICATE OF DEATH REG. NO.				
1. NAME OF DECEASED		2. DATE Known Month Doy Yeor Hour				
(Type or Print) JESSIE CAMM		OF DEATH Estimoted 4 19 69 9:25 am.				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		3. DATE Month Doy Year Hour				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)	JTION, GIVE STREET	PRONOUNCED DEAD April 19, 1969 9:25 am				
OR INSTITUTION		5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)				
Durani dana Magazina 1 D		A. STATE B. COUNTY 16 = 0 2				
	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
- WIDOWE		Relto YES ▼ NO □				
9. DATE OF BIRTH 10.AGE (In years If	Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER				
6-1-06 (lost birthdoy) M	onths, Doys, Hours, Min.	1206 N. Stricker St.				
11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF	13. FATHER'S NAME				
S.C.	WHAT COUNTRY?					
14A.USUAL OCCUPATION (Give kind of work 14B. KIND O		15. MOTHER'S MAIDEN NAME				
done during most of working life, even if retired)						
16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL SECURITY NO.	1B. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECORITY NO.	Maybelle Eads 1206 Stricker Street				
19. 11.12 4	CAUSE OF DEA					
DISEASE OR CONDITION DIRECTLY						
LEADING TO DEATH	(A)IMMEDIATE C	CAUSE Arteriosclerotic cardiovascular disease				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		AS A CONSEQUENCE OF:				
injury or complication which coused death.)						
ANTECEDENT CAUSES	/p\					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	□					
UNDERLYING CONDITION LAST.	(c)					
Ď	(0)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION						
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL					
CC) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.)						
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bidg., etc.) INJURY OCCUR?						
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour)	me, form, foctory, street, offic	e bidg., etc.) INJURY OCCUR?				
OF INJURY (APPROX.) MHILE AT NOT WHILE AT WORK AT WORK						
23						
I certify that I held an Inquiry Inspection XX Autopsy and that on this basis, death in my opinion						
resulted fram: Natural causes XX Accident Syicide Homicide Undetermined manner						
CHIEF MEDICAL EXAMINER DATE SIGNED						
SIGNATURE AND ASSISTANT MEDICAL EXAMINER XX						
EXAMINER'S		ASSOCIATE MEDICAL EXAMINER				
NAME (Type) Ronald N. Kor	nblum, M.D.	4/19/69				
24A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)				
Burial 4-25-69	Mt. Auburn	Cemetery Baltimore, Maryland				
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR V. Bailey ADDRESS				
ADD 9 3 1000 (C n	5 2 Frederick	Kelson F. H. 1348 Calhoun Street				
VS 151-REV. 1/1/6B	9 0	04137				

VS 151-REV. 1/1/68

69 4145 BALTIMORE CITY HEALTH DEPARTMENT

			MED	DICAL	EXAMINER'S	CERTIFI	CATE OI	DEAT	H REG. NO.	69	4145
-	TH NO.										
	NAME OF DEC	EASED				2. DATE	Known XX	Month	Doy	Yeor	Hour
(IAb	e or Print)	ILLIAN	1 I.	. EV	ANS	DEATH	Estimoted [4	19	69	12:54aM.
4. F					RONOUNCED DEAD	3. DATE		Month	Dov	Yeor	Hour
FUL	L NAME OF	(IF NO	T IN HOSPIT	AL OR INS	TITUTION, GIVE STREET	PRONO	UNCED DEAD				
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION								April	19,	1969	
OK	NONON					A. STATE	ESIDENCE (Whe	re deceosed li	ved. It institution B. COUNTY	: residence b	etore odmission)
		Bon Se	ecour I	Hospit	tal D.O.A.	A. SIAIL	Maryland		b. CO01411	16.	-04
6. 9		7. RACE			RIED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?	
						.				X	
_	Male	Color		WIDOV		200	lto.		Y	ES 🗀 I	NO []
	ATE OF BIRTH		10. AGE (I	In years	If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min		AND NUMBER				
(6 - 17 - 29)		39			09 N. Bri	00 Ct			
11.	BIRTHPLACE (S	tate or forei	_	, ,	12. CITIZEN OF	13. FATHER		ce st.			
	S.C.				WHAT COUNTRY?		Llie Eva	ne			
					U.S.A.						
done	USUAL OCCUI	PATION (Giver orking life, even	re kind of work ven if retired)	148. KINI	O OF BUSINESS OR INDUSTI	RY 15. MOTHE	R'S MAIDEN N	AME			
14	WAS DECEASE	D EVED IN	II S ADAGE	D FORCE	5? 17. SOCIAL	18. INFOR	MANIT		Α	DDRESS	
(Yes	, no or unknown)	(If yes, give	wor or dotes	of service	SECURITY NO.	IO. HAPOK	WAIN		-	DDKE33	
					251500764	Ulvss	es Evan	s 1	114 E.	Cheve	st St.
	19 (1)	1 21 1	/		CAUSE OF DE	ATH					PROXIMATE INTERVAL
	E 70	101								PELAA	EEN ONSEI AND DEATH
			DITION DIRE	CTLY							
	4 -	LEADING TO			(A)IMMEDIATE	CAUSE G	unshot wo	und of	the che	st	
	(This does no heart foilure,				DUE TO, OR	AS A CONSEC	QUENCE OF:				
	injury or com										
										- 1	
		ITECEDENT			(8)	AS A CONS	OUENCE OF				
	RISE TO THE	AROVE CA	USE (A) STA	Y, GIVING	, DUE 10, OI	AS A CONSE	QUENCE OF:				
_	UNDERLYIN										
6					(C)						
CERTIFICATION	OTHER CLOSE	15151117.00	11	CALIBRATIA	TINIC						
0	TO THE DEA										
프	DISEASE OR								****		
2	20A. DATE OF	OPERATIO	N 208. CO	NDITION	FOR WHICH OPERATION V	VAS PERFOR!	MED			21. AUTO	PSY? (Yes or No)
Ö	3										
7	22A. FXTERI	VAL CAUSE	VALAC		228 BLACE OF INITIBY/2 -	in an about	22C WHERE DIE	/11 :- D-11:	City -ive -us	at lanation \	YES
EDICAL	UNDERLYING				22B.PLACE OF INJURY(e.g home, form, foctory, street, off	ice bldg., etc.)	NJURY OCCUR?	(ii in boilime	re City, give exc	er rocanon)	16-0
8	UTING CA				Tavern						Davison Ste
Σ	22D. TIME (Month) (Doy) (Yea	r) (Hou			22F. HOW DID I	NJURY OCC	UR?		Payson Sts.
	OF INJURY (APPROX.)	, .			_ WHILE AT NO	T WHILE					
	23.	4 1	9 69	12:3	5 work AT	work Ly	Subjec	t shot	in tave	rn	
				[T	क्त					
		ify that I h		Inquiry [utapsy XX	and that on	this basis,	death in my	apinian	
	result	ed fram: 1	Natural co	uses 🗌	Accident Suic	de H	omicide XX	Undeterm	ned manner		
		/		10	1/1/		CHIEF MEDICAL	FXAMINER			
	ACTUAL	X	1. 1	171	12 11	455			TV-V		DATE SIGNED
	SIGNATU	JRE /	new	7 11	fre U	ASS	ISTANT MEDICAL	EXAMINER	XX		
	EXAMINE					ASS	OCIATE MEDICAL	EXAMINER			
	NAME (T	ype)	Ronald	N. K	ornblum, M.D.					4/19/69	9
	BURIAL CREA		24B. DATE		ornblum, M.D.	ar CREMAT	ORY 240	LOCATION	(City, tow	n, or county)	(Stole)
	MOVAL (Specif	γ)	1 0	11 60	02			D - 7	4	-	0
1	durial		4-6	24-69	Sandy Grov		tery		ington		5.C.
254	. DATE REC'D	40 Kg 500 Kg	the same and and		NAME OF REGISTRAR	25C.	FUNERAL DIREC	TOR V.R	Baile	DIPRESS	
		APP	1969	130	1 8 2 Falley M	Ko	lson F.	H ·	1348 Ca	9	St.
				WASCA		176	THOUSE T	** *	740 00	CTTTO CCT	

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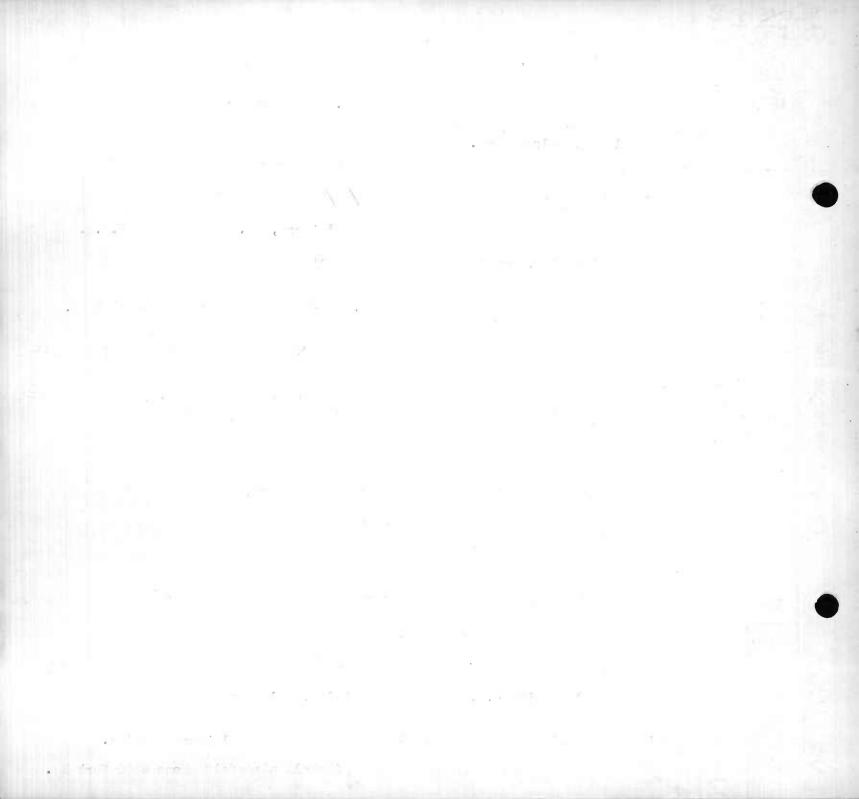
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of death

	65	9 4	146 CEDITIES A	HEALTH DEPARTMEN	Т	69 4146
BIRTH NO.	00	7	CERTIFICA	TE OF DEAT	H REG. NO.	00 4140
NAME OF DECE	ASED Winifred	C. Gu	unning	2. DAT	AND HOUR OF DEATH	
3. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived, If in	nstitution: residence before adm
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	TITUTION, GIVE STREET	Md.c. CITY OR TOWN	Baltimore	IDE CITY LIMITS?
90	Long Green 115 E. Mel		9	Baltimore E. STREET AND NUMB 5564 Wood		YES X NO .
SEX Female	6.RACE White	7- MARRI WIDOW	ED NEVER MARRIED	8. DATE OF BIRTH 2/26/1887	9. AGE (In years lost birthday)	If Under 1 Yi. If Under 2 Months Days Hours
OA. USUAL OCCU		108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	,	12. CITIZEN OF WHAT CO
3. FATHER'S NAM	Michael	C. Gur	ming	14. MOTHER'S MAIDEN	NAME	
es, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dole	ces? s of servic	e) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			CAUSE OF DEAT		tlove 6419 Mu	rray Hill Rd.
rise to the UNDERLYING O OTHER SIGNIFIC TO THE DEATH DISEASE OR CO		NTRIBUTINHE TERMINIT (A).	(C)	A CONSEQUENCE OF:	of Nol) 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE OF	WAS PER		21R PLACE OF INSTRU			USES OF DEATH? re City, give exact location)
OR CONTRIBUT	MING CAUSE OF		21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	fice bldg., INJURY OCCU	R?	e City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Haur)	21E. INJURY OCCURRED While At Not While Work Not Work	e 🗖	INJURY OCCUR?	1
that (I) (we) I	ost sow the deceose	ed olive o	d the deceosed from to the deceosed from to the deceosed from to the deceosed from t	/		nion deoth occurred on th
23C. PHYSICIAN	Fol Fol	Smi	DEGREE Phy	nding Med. Director [Staff Phys.	4/19/69
NAME (Ty	nel .	mith 1	d.D.	14.1	lvedere Ave	
Pand C	necify)		NAME of CEMETERY of CRE			ity, town, or county) (S
SA. DATE REC'D			New Cathedral Ce	25C. FUNERAL DIRE	Baltimore	Balto. M
DATE REG D	APR 15 1969	(0)	e of higher			e 6500 York Rd.

Mitchell Wiedefeld Heme 6500 York Rd.



VS 150-REV. 1/1/68

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO

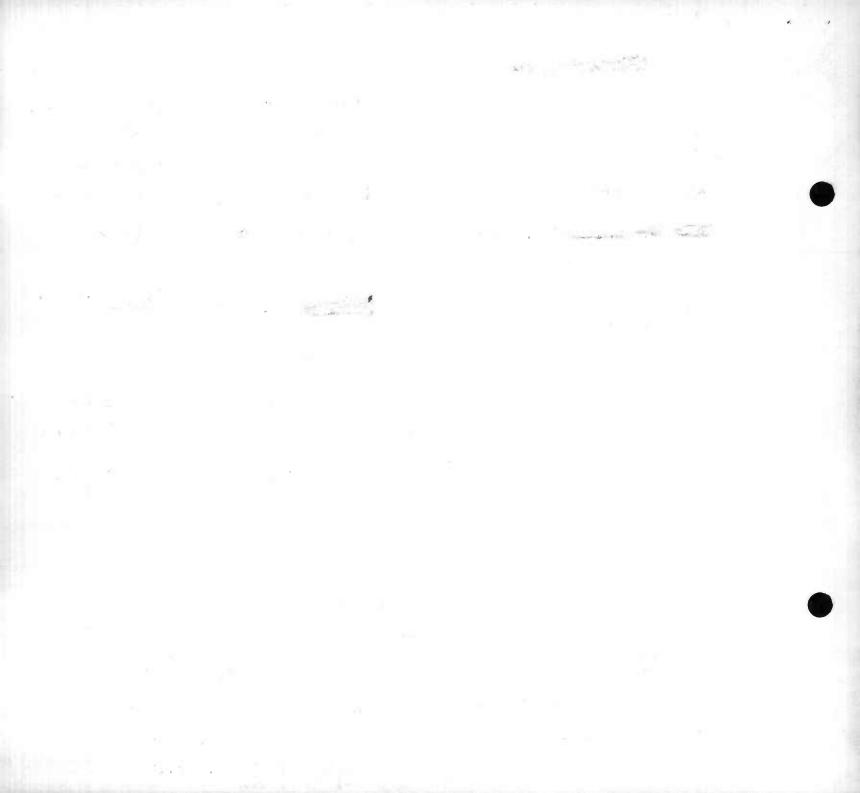
BIRTH NO.							REG. IV	J	
I. NAME OF DECI			7 7340	2. DATE OF	Known K	Month	Doy	Yeor	Hour
(Type or Print)		OLPH DEM		DEATH	Estimoted	Apri1	1/,	1969	M.
4. PLACE IN BALT			RONOUNCED DEAD	3. DATE	INICED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL	(IF NOT IN HE		TITUTION, GIVE STREET		JNCED DEAD	April			9:05 A. _{M.}
OR INSTITUTION	ADDRESS OR	to callo 14			ESIDENCE (Where	deceased live	d. If institut	ion: residence	before odmission)
	Union Mer	morial H	lospital (DOA)	A. STATE	Ohio	В.	COUNTY	1/	-32
6. SEX	7. RACE		RIED DONIEVER MARRIED	C. CITY OR	TOWN	1	D. INSIDE	CITY LIMITS?	
	White		= -	<u> </u>	Cincinna	ti		VEC 🗍	№ □
Male			NED DIVORCED L	E STREET	AND NUMBER			YES L	NO L
9. DATE OF BIRTH		GE (In years birthday)	Months Doys Hours Min	1.		4 . A			
Nov. 12t	h 1899	69			729 Broo	ks Aven	ue		
11. BIRTHPLACE (S	ate or foreign cou	ntry)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME				
				Geor	ge D. Dim	ling			
14A BUAL DUCU	BHOMETHIA	MACH 14B. KIN	D OF BUSINESS OR INDUST	RY 15. MOTHE	R'S MAIDEN NA	ME			
V.P. C.I.		in ea)		Anna	κ.				
16. WAS DECEASE	D EVER IN U.S. A	RMED FORCE	S? 17. SOCIAL	18. INFOR				ADDRESS	
(Yes, no or unknown)	(If yes, give war or	dates of service	e) SECURITY NO.	Man	Pahanta Di	mlima			
Ves	WW-1 &		268-09-7253 CAUSE OF DE		Roberta Di	ruit ruß			PPROXIMATE INTERVAL
410	2 21				d antonio	aalarat	io	BETV	WEEN ONSET AND DEATH
	OR CONDITION		Hyperte	nsive ar	nd arterio				
	LEADING TO DEA		(A)IMMEDIATE			ovascul	ar di	sease	**********
heart foilure,	ot mean the mode asthenia, etc. It me	ons the disease,	DUE TO, OI	R AS A CONSEC	UENCE OF:				
injury or com	plication which cou	sed death.)							
40	ITECEDENT CAUS	CEC	(0)						
	NTECEDENT CAUS OR CONDITIONS,		DUE TO, O	R AS A CONSE	QUENCE OF:		~~~~~~~		
RISE TO THE	ABOVE CAUSE (A) STATING THE						113	
Z	IG CONDITION	LASI.	(c)						
잍	- 11	3.4.11						1 (2)	
OTHER SIGN	IFICANT CONDITION	ONS CONTRIBL	JTING						
DISE ASE OR	CONDITION GIVE	N IN PART 1 (A).						
20A. DATE OF	OPERATION 20E	. CONDITION	FOR WHICH OPERATION	WAS PERFOR	MED			21. AUT	OPSY? (Yes or No)
Ō									No
Z 22A. EXTERI	NAL CAUSE WAS		228. PLACE OF INJURY (e.	g., in or about	22C. WHERE DID	(If in Baltimore	City, give	exact location)	
	OR CONTRIB-		home, form, factory, street, of	ffice bldg., etc.)	INJURY OCCUR?				
₩ UTING LI CA	(Month) (Doy)	(Yeor) (Ho	Ur) 22E.INJURY OCCURRE	D	22F. HOW DID IN	JURY OCCU	R?		
OF INJURY	wommy (boy)	(1601) (1101		OT WHILE					
(APPROX.)				WORK [
23.						1	Janal In		
1 cert	ify that I held o	on Inquiry	Inspection X	Autopsy	and that an				
resul	ted from: Notur	ol couses	Afrident Suid	cide 🔲 📑	omicide	Undetermin	ed monn	er 🔲	
	an	1	11 1		CHIEF MEDICAL	EXAMINER			DATE SIGNED
ACTUAL		AV	Say I	ASS	ISTANT MEDICAL	EXAMINER	X		DATE SIGNED
SIGNATI		00 4	N	A.D.	OCIATE MEDICAL				
EXAMIN NAME (1	unar	les S. S	Springate, M.D.	ASS	OCIATE MEDICAL	EVAMILATIV	_ A	April 17	7, 1969
24A. BURIAL CRE		DATE	24C. NAME of CEMETER	RY ar CREMAT	ORY 24D	LOCATION	(City,	town, or count	y) (Stote)
REMOVAL (Speci	fy)								
Burial		19/69	Lorraine Par	k Cem.	4.5	Balto.		ADDITEC	
25A. DATE REC'D	BY HEALTH DEPT	. 25B.	NAME OF REGISTRAR	1250	FUNERAL DIREC	TOR	Home	ADDRESS -6500 Y	ork Rd. 2121
	APR 331	989	The state of the s	Wil MI	CGUGIT-MI	adar ard	HOING.	-0,00 1	ATT TIME WIND
ļ		000	9 0	0 4					
VS 151-REV. 1/1/68	3	1 1	2 1 63 (1	6					1

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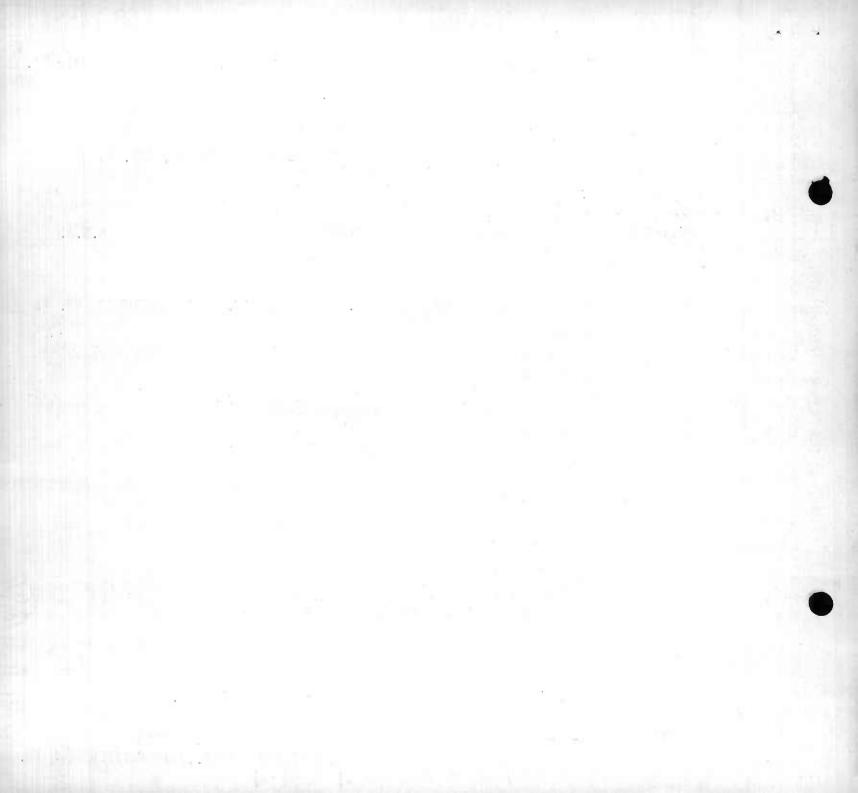


CS 7450	
50 by 4150 BALTIMORE CITY HE	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 4150
BIRTH NO.	2. DATE Known Doy Yeor Hour
(Type or Print) J. FREED	OF Setimated
MORRIS 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month 100y Geor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD April 19, 1969 9:55 a M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
Provident Hospital D.O.A.	A. STATE B. COUNTY 28-31
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto. YES ⋈ NO □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) 59 Months, Doys, Hours, Min.	E. STREET AND NUMBER
	6616 VINCENT
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Baltamore ma. 11.5, A.	
148. USUAL OCCUPATION (Give Ind of work 148. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	111:
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS ROL 204
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs. Leah Freed- 6616 Vincent Lan
19. CAUSE OF DEA	
4/2,4	BETWEEN ONSET AND DEATH
LEADING TO DEATH	osclerotic cardiovascular disease
(This does not mean the made of dylng, e.g., (A)IMMEDIATE (D)IFTO OR	AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused deoth.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
[2]	
C)	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. 22B. PLACE OF INJURY (e.g. home, form, foctory, street, offi	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ce bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	
OF INJURY	22F. HOW DID INJURY OCCUR?
	WORK L
	utopsy ond that on this basis, death in my opinion
resulted from: Natural causes XX Accident Suici	
0 1011.1	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE SIGNATURE	ASSISTANT MEDICAL EXAMINER XX
SIGNATURE MINER'S M.I	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D.	4/19/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial Kon 20169 adath Go	shurun Baltemole Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
Jaken Salan	Int Runion a Blad Go to husterstowned
VS 151-REV. 1/1/68	

The state of the s

ALL PRESENT SAFELY

7	2-255 69 4151 GENTIEICA	TE OF DEATH REG. NO. 69 4151				
BIR	RTH NO.	TE OF DEATH REG. NO. 03 415.1				
1.1	NAME OF DECEASED MINNIE DACKMAN	APRIL 19, 1969 12:30 A.				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY				
FU HC	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	MARY LAND C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	BELVEDERE NURSING HOME	BALTIMORE YES M. NO X				
	90	6310 GREENSPRING AVENUE, APT. 106				
	FEMALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years of lost birthday) 85 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.				
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ine during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY				
	HOUSEWIFE AT HOME	RUSSIA 14. MOTHER'S MAIDEN NAME U.S.A.				
	ELLIOTT GOLD	SOPHIE ?				
15.	. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS				
	NO SECURITY NO.	MR. HARRY DACKMAN, 8311 BURNINGWOOD RD. #8				
_	18. CAUSE OF DEATH	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
	hearl failure, asthenio, etc. It means the disease, injury or camplicotion which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) sfoling the	Carcinema lung 6:8 mth				
NO	UNDERLYING CONDITION lost. (C)	took CV distand 1 455				
CERTIFICATIO		20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CAL CER	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	fice bldg., INJURY OCCUR? (If In Baltimare City, give exact location)				
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
٤	(APPROX.) While At Not While Man Work At Work					
	22. I certify that (1) (this haspital) attended the deceased from	12/1 19 00 to 4/19 19 69				
	that (I) (we) lost saw the deceased alive an	19 6 and that in (my) (our) opinion death occurred on the de				
	ond haur and from the couses stated obove. (1) (We) (did) (did not) v	riew the bady ofter deoth.				
	DEGREE Phys					
	MAURICE FELDMAN	6610 CROSS COUNTRY BLVD.				
244	DEGREE A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	EMATORY 24D. LOCATION (City, town, or county) (Stote)				
	BURIAL 4-20-69 BETH TFILOH	BALTIMORE, MARYLAND				
254	A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	358 FUNE A DISTORT & BROS., 6010 REISTERSTOWN RD.				
10	APR = 3 1969 (3 Color 9. January	4 1 4 4				
2	150-REV. 1/1/6B					



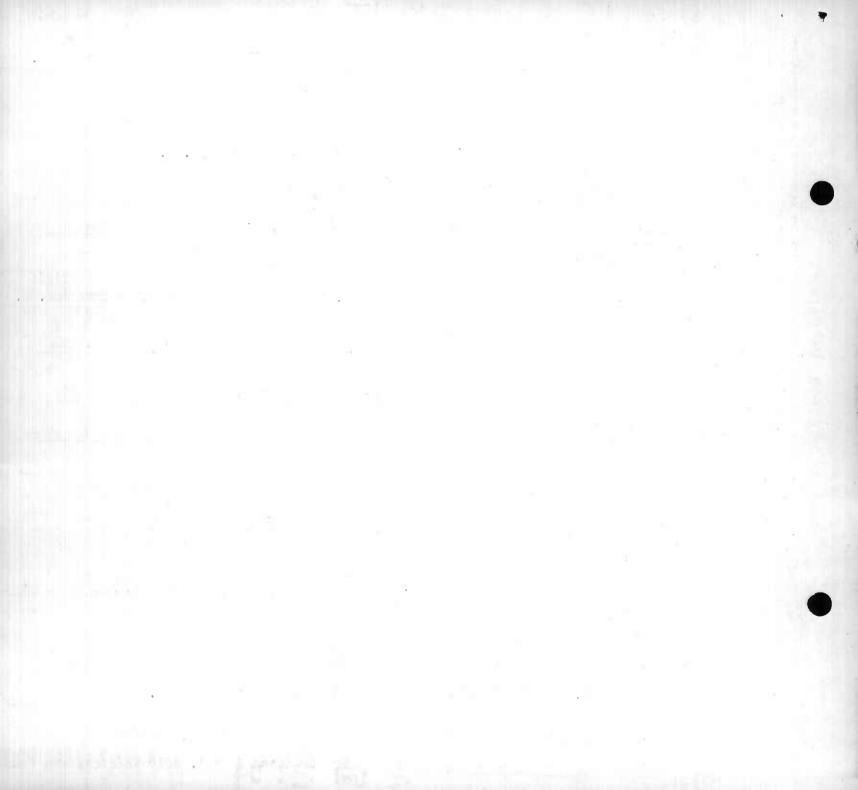
IMPORTANT

DIRECTOR:

FUNERAL

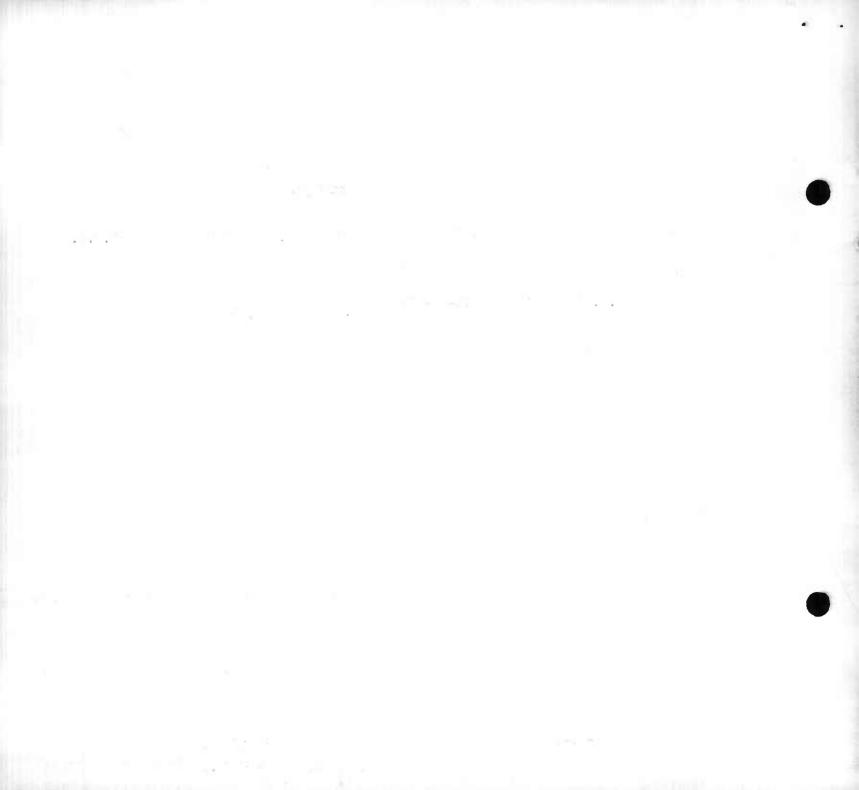
VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced deoth was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approvol must be obtained before the remoins are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

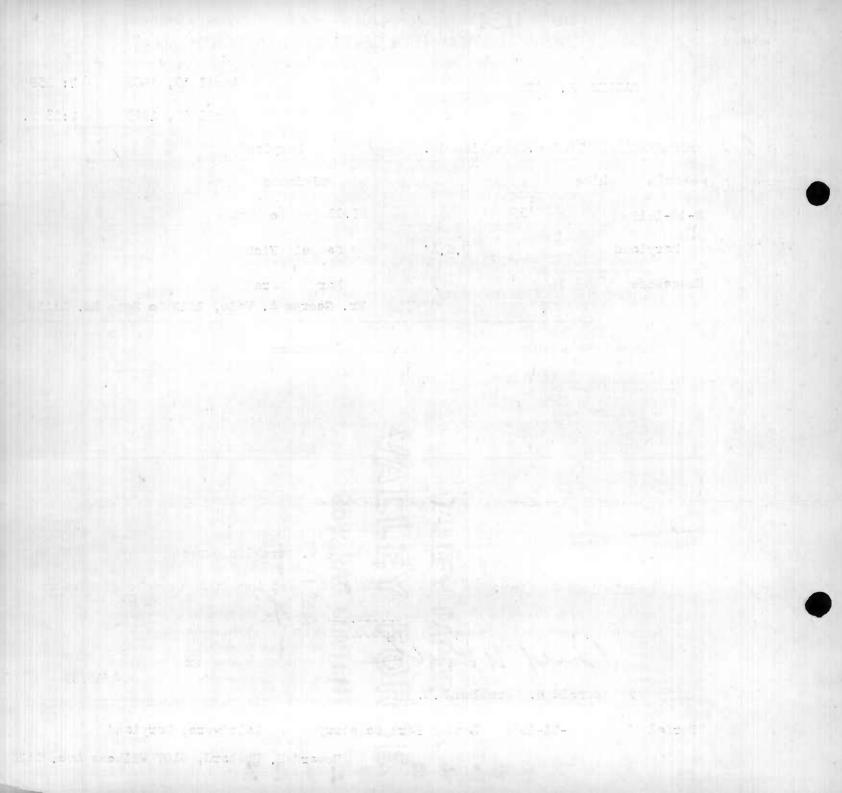
E	100	69	110	BALTIMORE CITY	HEALTH DEPARTMENT	NT		
BIRTH		0	415	CERTIFICA	TE OF DEAT	H REG. NO	69	4153
(Туре о		TRIES		MUEL	2. DA	TE AND HOUR OF DEAT	19691	
3. PLA	CE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution; residence	ce before odmission
FULL I HOSPIT	NAME OF TAL OR UTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	MARY LAND C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?	31
	(1)	a Mochel	. 1		BALTIMORE		YES []	но 🗌
4.0	DIK	an Hospit	-		E. STREET AND NUM	BER TEW AVENUE		
	MALE	WHITE	WIDOWED		8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys	Il Under 24 Hrs. Hours Min.
IOA. US	UAL OCCUP	ATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or loreign country)	12, CITIZEN O	FWHAT COUNTRY
TA	ILOR HER'S NAM	orking life, even if retired)	CL	OTHING	BALTIMORE			3.A.
130 FA1	DEK 2 MAM	E			14. MOTHER'S MAIDE	NAME		
_LO	UIS FRI	IED			ELLA	7		
Yes, no	ot nuknomu) [[ver in U. S. Armed For Il yes, give wer or dete W. W. II NA	s of service)	116. SOCIAL SECURITY NO. 212-10-2785	17. INFORMANT	•	ADDI	RESS
18.		00,000 22 10/A	v /	CAUSE OF DEAT	MRS. ROSE FR	IED. 5416 LYNI	VIEW AVENU	E
9	DISEASE	OR CONDITION DIS	RECTLY	CAUSE OF DEATH	^	rain tumo	RETWEE	OXIMATE INTERVAL N ONSET AND DEATH
(Thi	is does not	mean the made of	dvina. e.a.	(A) IMMEDIATE CAU	0.5	DOLL TOWN	hu	
hed	ort toilure, as	sthenia, etc. It means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:			
ıula		icolion which coused	deoth.)		8 . 0 -		l l	
		ITECEDENT CAUSES		(8)	Dranhu	non		
rise	lo the	CONDITIONS, if a above cause (A) CONDITION last	any, giving sloting the	(C)	A CONSEQUENCE OF:			**************************************
111		11		(0/				
= 110	THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO THE NOTION GIVEN IN PART	IE TERMINAL	***************************************	***			
ERTIFIC.	DATE OF O	PERATION 198 CONI WAS PERF	DITION FOR V	WHICH OPERATION	20 A. AUTOPST? (Yes	or No. 20B. IF TES, WERE IN CERTIFYING C.	FINDINGS CONS	IDERED?
U 21A	ACCIDENT	WAS UNDERLYINO DO CAUSE OF	218,	PLACE OF INJURY (e.g., in	of obout 21 C. WHERE D	ID (if In Boltimo	ore City, give exoct	location)
21D.	TIME (A	Month) (Day) (Year)	(Houd) 21 E.	INJURT OCCURRED	21E HOW DIE	INJURT OCCUR?		
2 01	INJURY PROXJ		Whil	le Al Not While		J INTOK! OCCUR!		
00		444.4.4.	Worl				I. ©	
		at (1) (this hospital) ist sow the decease		e deceased from	4 8 19 19 69 ar	19 <u>69</u> _to nd that in(my) (our) op		19 69
and	hour and fi	rom the causes state	ed above. (1)	(We) (did) (did nat) vi		male		orred on the dote
23A.	SIGNATURE	1.1	4	() () () () () ()	ew the bady after de-	utu•	23B DATE SIGN	FD.
		therans	h _	Atter	ding [] Med. [Shelf KZY	Li I	2 /0
23C.	PHYSICIAN	3		DEGREE Phys.	Director L	Sheff Phys.	4-10	1-49
	PHYSICIAN'S NAME (Type	DR MKUN	B	IDWAI DEGREE	3D. ADDRESS Sil	rai Hosp	ui tal	
24A. BUI	RIAL CREMA MOVAL (Spe	TION, 24B, DATE	24C.NA	ME of CEMETERT OF CRE	MATORT 24	D. LOCATION (C	ity, town, or county	(Stote)
	URTAL ATE REC'D BT	4-21-69 HEALTH DEPT.	AITZ	CHAIM F REGISTRAR	250 5000-041	BALTIMORE, MAI		
	4	PR 4.3 1969		L. Starburt	SOL LEVINSO	N & BROS., 601	REISTERS	TOWN ROAD
VS 150-F	REV. 1/1/68							



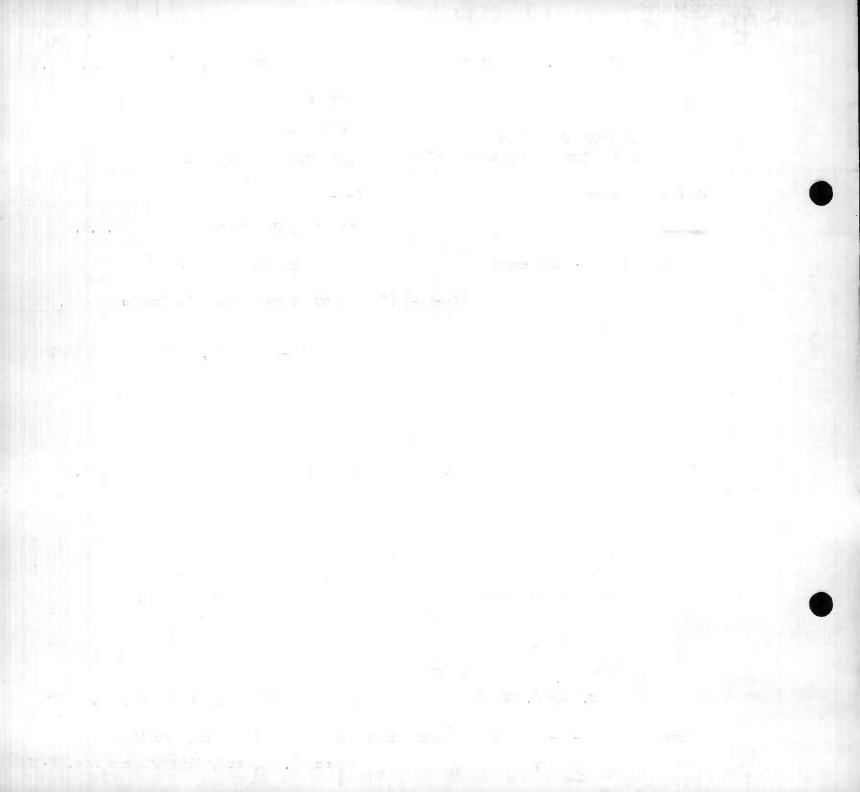
69 4154 BALTIMORE CITY HEALTH DEPARTMENT

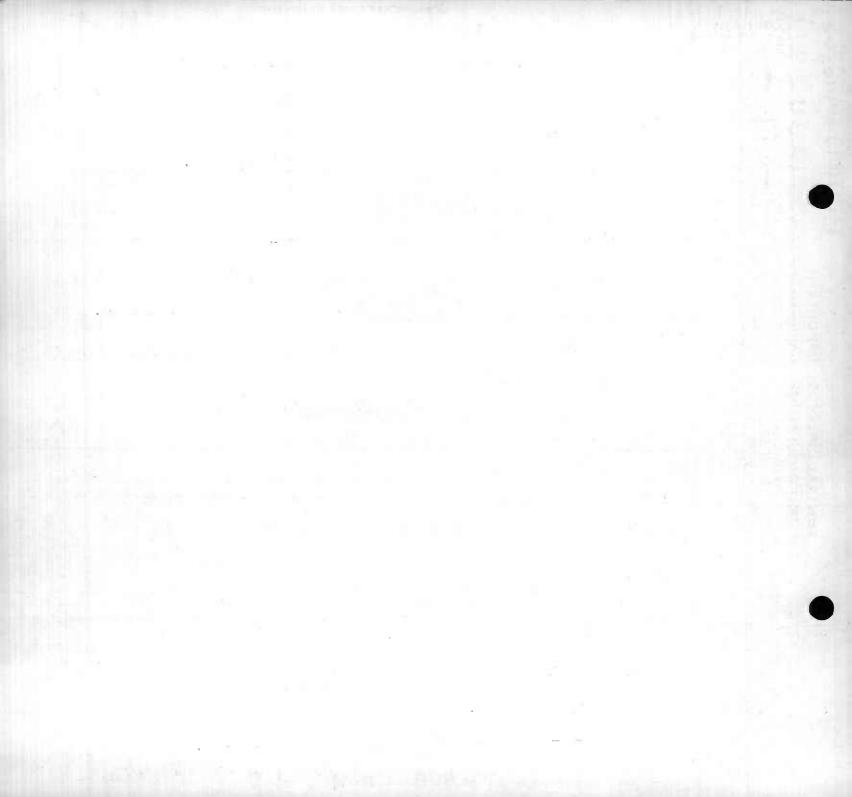
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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RIPTH NO		WEDI	CAL E	XAMINER 5	LEKIIFI	CATE OF	DEATH	REG. NO			
I. NAME OF DEC	CEASED				2. DATE	Known 🔲	Month	Day	Yeor	Hour	
(Type or Print)	SALLIE	E. VAI	"NT		OF	Estimated	April		969	2:	35P _{M.}
4. PLACE IN BAI				OUNCED DEAD	3. DATE	2411110100	Month	Day	Year	Haur	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						UNCED DEAD	April	17, 1	969	2:3	Μ.
ROCHAMB	LAU HOT	EL 1 W.	Frank	lin St.	A. STATE	esidence (Where Marylar		ed. II tostitutio	on: residence	belare adm	ission)
6. SEX	7. RACE	8	MARRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	J _ U	
Female	White		WIDOWED [В	altimore		,	res 🗆	NO	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Manths, Doys, Haurs, Min.						Desota Av	zoniio.				
8-10-191				ITIZEN OF	13. FATHER		enue				
		n country)			IS. FAINER	3 NAME					
Maryl				WHAT COUNTRY?		muel Fish					
done during most of	JPATION (Give warking lile, eve	kind at wark 14 en il retired)	IB. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	WE				
Housewif					Ma	rv Hare					
16. WAS DECEAS (Yes, no ar unknown				SECURITY NO.	Mr. G		Vain, 1		Soto	Rd. 2	1230
19.	F 1.	m ₅		CAUSE OF DEA	ATH					PPROXIMATE I	
[Z.]	2011			O1.		Danit dan			BETV	WEEN ONSET	AND DEATH
DISEAS	SE OR CONDI		ILY		ose of	Doridan					
	not mean the i	made of dyin		(A)!MMEDIATE	AS A CONSEC	UENCE OF:					
	e, osthenio, etc. mpfication which										
	NTECEDENT			(B)	AC A CONTO						F 600 bins mig 100 600 bins mig max 100 spin spin s
RISE TO TH	OR CONDITION	DNS, IF ANY, (ISE (A) STATIN	GIVING NG THE	DUE TO, OR	AS A CONSE	QUENCE OF:					
UNDERLYII	NG CONDITIO			(c)							
0		II									
O THE DE.	NIFICANT CON ATH BUT NOT R CONDITION	DITIONS CON	HE TERMINAL	100000000000000000000000000000000000000							
20A. DATE O				WHICH OPERATION W	AS PERFORM	NED			21. AUTO	PSY? (Yes	or No)
8											
₹ 22A. FXTER	NAL CAUSE V	WAS	122B	PLACE OF INJURY(e.g.,	in or about	2C WHERE DID	(II to Boltimore	City give ex	oct location)	yes	
O IINDERIVING	OR CONT		home	e, farm, loctory, street, alfi	ce bldg., etc.) 1	NJURY OCCUR?			e d	01	
	USE OF DEAT		(11) 10	Hotel		W. Frank			/		
OF INTURY		oy) (Yeor)		2E. INJURY OCCURRED WHILE AT NOT		2F. HOW DID IN.			1616		
(APPROX.)Ap	ril 19	69	Unk .m.	VORK AT V	WHILE K	Subject in	igested	overd	ose of	Dorid	lan
23.	tify that I he	eld on Inc	quiry 🗌	Inspection Au	otopsy 🔀	and that on th	his bosis, d	leoth In my	opinion		
resul	ted from: No	turol cous	es 🗌 A	ccident Suici	de X H	omicide 🗌	Undetermin	ed monner			
)	1 1.	11 ,7		CHIEF MEDICAL E	XAMINER				
ACTUAL		wed	1 11	Vand	ASSI	STANT MEDICAL E		×x		DATE SIG	SNED
SIGNAT			VI	M.E).				1.1.	10/60	
NAME (nall M	77 1-	1 W D	ASSC	CIATE MEDICAL E	XAMINER (4/.	18/69	
24A. BURIAL CRE REMOVAL (Speci	MATION, 24	4B. DATE		1um.M.D. C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, taw	vn, ar county) (St	tote)
Burial		4-21-1	969	Loudon Park	Cemeter	v Ra	altimor	e. Mar	vland		
25A. DATE REC'D	BY HEALTH D		25B. NAME	OF REGISTRAR	25C.	FUNERAL DIRECTO			ADDRESS		
	ADD 2 5	1080	000	3 For Owner	Но	ward H. H	ubbard.	4107	Wilken	s Ave	. 2122
V6 151 P51/ 1/2/2	F4F 75 35 88	1000	Le Gre-	5-5-11-1	211	1 1	,				
VS 151-REV. 1/1/6	0 11 4	60 7 3	1	4.7							V

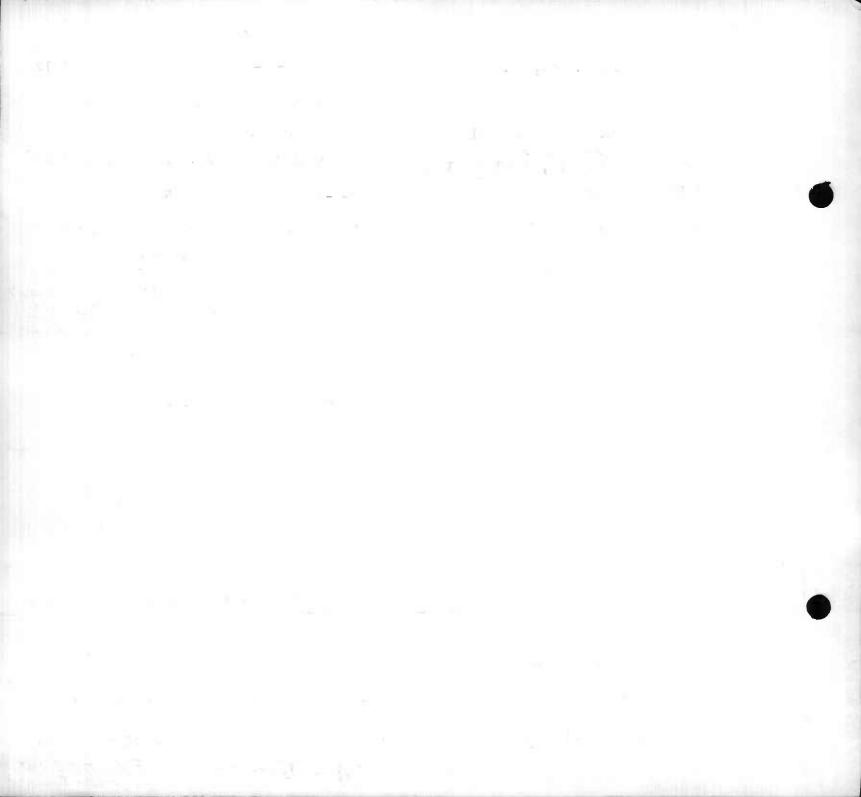


		69 41	55 BALTIMORE CITY	HEALTH DEPARTMEN	NT REG. NO.	69 4155		
BIRTH NO.			CERTIFICA	TE OF DEAT	H ************************************	00 3100.		
Type or Print)	BETH M.	CUSTI	ER		pril 18, 1969			
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If			
FULL NAME OF	(IF NOT IN HOS	PITAL OR INSTITU	JTION, GIVE STREET	Maryland		28-54		
NSTITUTION				c. CITY OR TOWN Baltimore	D. IN	YES NO		
90	Silver Cros	s Home		E. STREET AND NUM	BER	152 140		
10	5124 Greenw	rich Avenu	ie 21229	5124 Green	wich Avenue			
Female	6. RACE White	7- MARRIED (NEVER MARRIED DIVORCED	B. DATE OF BIRTH 2-2-1886	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hours Min.		
	UPATION (Give kind of v		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUN		
Retired	working life, even if retire	d)		Camden , N	ew Jersey	U.S.A.		
3. FATHER'S NA	ME			14. MOTHER'S MAIDE	NAME			
Wi1	liam H. A	chtermanr	1	Henrie	tta Glahn			
5. Was Decease	d Ever in U. S. Armed	Forces? lotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
•	, , , , , , , , , , , , , , , , , , , ,		220-24-1052	Silver Cros	s Home, 5124 (Greenwich Ave. 212		
18. / / O	e VI		CAUSE OF DEAT			APPROXIMATE INTERVA		
	SE OR CONDITION LEADING TO DEAT not mean the mode	'H	(A) IMMEDIATE CAL	ISE Broncho-p	neumonia, left	4 days		
heart failure,	osthenio, etc. It med mplicotion which cous	ns the disease,	DUE TO, OR AS	A CONSEQUENCE OF:				
	ANTECEDENT CAUS							
DISEASES	OR CONDITIONS,	f any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	••••••••			
	e obove couse (A	A) stoling the	(0)					
ONDERCHIN	II		(C)					
TO THE DEA	FICANT CONDITIONS (TH BUT NOT RELATED TO CONDITION GIVEN IN 1	THE TERMINAL	Arterioscle	rotic vascul	ar disease	yrs.		
19A. DATE O	F OPERATION 198. C		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 B. hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C. WHERE I ffice bldg., INJURY OCC	DID (If In Boltim UR?	ore City, give exact location)		
21D. TIME OF INJURY	(Month) (Doy) (Ye	or) (Hour) 21E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	The state of the s		
S OF INJURY		Whi	ite At Not While	le 🗍				
22	y that (I) (three bespi			May	19 68 to A	pril 19.69		
				U		pinion death occurred an the c		
						printon death occurred an the c		
23A. SIGNAT		ated abave. (I) (MS) (did) (dig (AS) (riew the bady after de	eath.	23B, DATE SIGNED		
	201	1	Atte	ending Med.	Staff Phys.	4/21/69		
23 C. PHYSICI	ANT	12	TANK DEGREE	23D. ADDRESS	Phys. L	4 64/ 00		
NAME	Type)	J. Gaver			11 Dand Dales			
24A. BURIAL CRI			DEGREE		11 Road, Balti	more, Md. 21229 City, town, or county) (Stote		
_	(Specify)			TOTAL TOTAL				
Cremat:	ion 4-21-		don Park Crem	atory	Baltimore, Ma	ryland		
OM. DATE REC'I	6.000 1 400	0 0 0	S- 2 Fro Dece MA			Wilkens Ave. 2122		
/S 150-REV, 1/1/	AFR 43 190	ALABOAR	A division of) 4 7 4	U ,,			
- 100-ME TE 1/1/								





	65	14	BALTIMORE CITY	HEALTH DEPARTMENT	1		
DIRTH NO	00	9 41.	CERTIFICA	TE OF DEATH	REG. NO.	-69	4157
BIRTH NO.	A CED					00	1.20
Type or Print)	ASED				ND HOUR OF DEA	ATH	
L	ester B. Day	sr.		4-20	-69		2:15
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived.	If institution; res	sidence before admis:
				11.000		/	1 1-
FULL NAME OF	ADDRESS OF LOCA	AL OR INSTIT	UTION, GIVE STREET	MARYLANI	1) BOLL	Tich o	124
NSTITUTION	ADDIESS OF EOC	A 110117		C. CITY OR TOWN	D.	INSIDE CITY LIN	AITS?
4	St. Agnes	Hospit	ചി	CATONSUIL	45	YES 🗌	ПОИ
1/-		-		E. STREET AND NUMBER		153	
40	Caton & Wi				14 100	0	. 2/221
	Baltimore	Marula	nd 21229	2412 BRA	NHKIZ	use	x 2122 8
SEX 6	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under	Tr. If Under 24 Doys Hours Min
Male	White	WIDOWED		4-4-04	last birthdayl	65 Months	Doys Hours Mi
A HEHAL OCCUP	AMONICS III T. C I	MIDOMED	DIVORCED	4-4-04			-
one during most of wo	rking life, even if retired)	INE KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign countryl	12. CITIZI	EN OF WHAT COUN
SALESM		RUT.	0	HOUARD C	DUNTY	. /	J. S.A.
		7-01					1-714
FATHER'S NAMI				14. MOTHER'S MAIDEN NA	ME IGIE	Lant	
Willi	ARI X	1 🗸		T(-1 1 1 1	FILE	1100	
		-7		ESTA MA		11/11/1	1-2
es, no of unknown) ill	ver in U. S. Armed For if yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT LEST	EQ BIDA	V/e	ADDRESS
11/-	,, g						21
180			216-09-2415	1177 KOPPI	NGBEND	x Road	Bolhmet
18. 4.10	0 1		CAUSE OF DEAT	PossiBLE			APPROXIMATE INTERV
DISEASE	OR CONDITION DI	RECTLY		1677 DC	2	86	ETWEEN ONSET AND DE
	ADING TO DEATH			LIVACARXI	11 7.150		,
(This does not	meon the made at	dving. e.g.	(A) IMMEDIATE CAU	SE MYOCARDIA	LL JNFA	LC1.012	
heart failure, as	thenia, elc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
injury or campl	ication which caused	death.)	FILC	- VH			
AN	ITECEDENT CAUSES		dist	- Antonie	-		
			(B) (CC)	Artenul by	hutlus	, U-C	
DISEASES OR	CONDITIONS, If	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
INDEBLAING	above cause (A)	equing the	(=)				
SHOUNTING	COMPINON 105L		(C)	**********************			
	11						
	ANT CONDITIONS COL	NTRIBUTING				1	
DISEASE OF CO.	BUT NOT RELATED TO THE	E TERMINAL	*****************		**************************************		
TO THE DEATH DISEASE OR CON 19A. DATE OF O	PERATION 198 CON	DITION FOR V	VHICH OPERATION	20A. ALLYOBEYS (Yes as N	a) 208 IE VEC	ERE EINIDINGS 4	CONCIDENTS
_	WAS PERF	ORMED	THIS OFENATION	20A. AUTOPST? (Yes or N	IN CERTIFYING	CAUSES OF D	EATH?
4							
21A. ACCIDENT	WAS UNDERLYING	21B,	PLACE OF INJURY (e.g., it	or obout 21C. WHERE DID	(If In Bolti	imore City, give	exoct location)
DEATH (notify m	edicol exemined	hom	e, torm, toctory, street, of	ice bldg., INJURT OCCUR?			•
21D. TIME (/	Month) (Doyl (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
OF INJURY (APPROX.)		Whi	le At Not While				
THE WAY		Wor	k L At Work			1	
22. I certify th	at (1) (this hospital	attended +1	e deceased from	Im 6 19	19 69 ta	4/20	19 6
			4/10	60			
	ist saw the decease		T/ 1 7			apinian death	accurred an the
and haur and f	ram the causes stat	ed abave. (1	(We) (did) (did not) w	ew the bady after death.			
23A. SIGNATURE		4	,, (a.a., (a.a. not) V	on the body diter debth.		15	
- JAI SIGNAL ORG						23B. DATE	
1216	ere A	200 1	Dhan	iding Med.	Staff Phys.	4/2	0/69
23C. PHTSICIAN	S		DEGREE	3D. ADDRESS	111734		
23C. PHTSICIAN NAME (Type	= I/ACA	1-					1402
	トーチント	111	>, M.1)	1801 FREDE	Riche Ro	0.4 D B.	ALTO MORE
A. BURIAL CREMA	ATION, 248. DATE	24C NA	DEGREE			_	
REMOVAL (Spe	ecify)	24C. NA	ME of CEMETERT OF CRE	MAIORT 24D. L	OCATION	(City, town, or	county) (State
Bunia	1 4-12-	64 11	vood laws	1 100	11.	Bolt	P. Ma
A DATE REC'D B	HEALTH DEST	25B NAME O	The state of the s	10000	diamin	124110	40, 10
AD	fr and the same	LJE NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	aclas 4	1-11	ADDRESS
PAL	W #9 1202 (assel !	O , Clinting	Higiniboligm	MINCK	1=110	16011619
150-REV- 1/1/68							31043



BIRTH NO.	MILL	ICAL I	LAMINIALICO C	LKIIICAIL	OI DLAI	REG. NO.		
1. NAME OF DI (Type or Print)	HERMAN :	LEWIS		2. DATE Knawn OF DEATH Estimotes		Day 19	Yeor Haur 1:00 A M.	
FULL NAME OF HOSPITAL OR INSTITUTION	ALTIMORE, MARYLAND, V (IF NOT IN HOSPIT, ADDRESS OR LOCA Church Home &	AL OR INSTITU TION)	ITION, GIVE STREET	3. DATE PRONOUNCED DEA	April Where deceased li	Day . 21, 19	Yeor Hour	
6. SEX	7. RACE	_	NEVER MARRIED	C. CITY OR TOWN	anu	D. INSIDE CI	TY LIMITS?	
Wal-			Baltimore YES X NO					
9. DATE OF BIR 4-29-192	I that I	years If Mc	Under 1 Yr. If Under 24 Hrs. onths: Doys , Hours , Min.	E. STREET AND NUMB	_{ER} ing Place			
11. BIRTHPLACE(State or fareign country) North Caroline 12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME Artis G. Lewis				
Seaman-Me	(working life, even if retired) chant Marine	F BUSINESS OR INDUSTRY	Annie O. Lewis					
16. WAS DECEA (Yes, no or unknow	SED EVER IN U.S. ARMEI	of service)	17. SOCIAL SECURITY NO.	1B. INFORMANT ADDRESS				
Yes.	W.W. Two		CAUSE OF DEA	Paul Funeral	Home, Wa	shingto	n, N. C.	
DISEASES RISE TO TUNDERLY OTHER SIC TO THE D	nat mean the made of dy re, asthenia, etc. it means the remplication which caused de ANTECEDENT CAUSES OR CONDITIONS, IF AN' HE ABOVE CAUSE (A) STAING CONDITION LAST. ING. THE STAIN CONDITIONS CEATH BUT NOT RELATED TO STAIN STAIN STAIN SUT NOT RELATED TO STAIN ST	e disease, oth.) (, GIVING THE ONTRIBUTIN THE TERMINA	(B) DUE TO, OR (C)	A CONSEQUENCE OF:				
DISEASE O	OR CONDITION GIVEN IN P.		R WHICH OPERATION WA	PERFORMED			21. AUTOPSY? (Yes ar Na)	
UNDERLYIN UTING C 22D. TIME OF INJURY (APPROX.)	RNAL CAUSE WAS IG XOR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Yea 4-20-69	r) (Haur)	B.PLACE OF INJURY(e.g., me, form, foctory, street, aftice HOME 22E.INJURY OCCURRED WHILE AT NOT AT W	6 Irvii	DID (If in Boltimo UR? ng Place in injury occi during al	UR?		
	ulted from: Notural country AL JURE NER'S Charles	5.	Arcident Suicident M.D.	Homicide X	CAL EXAMINER	ned monner		
24A. BURIAL CR REMOVAL (Spe BURIAL	EMATION, 24B. DATE		Lewis Family		Blunts,		n, or county) (State)	
	By HEALTH DEPTS (AE OF REGISTRAR	25C. FUNERAL DI	RECTOR	owson, 1	DDRESS .050 York Road Cowson, Md. 21204	
VS 151-REV. 1/1/	N 854	1 /	all A In Co	, , ,				

BIRTH NO.	69	410	CERTIFICA	TE OF DEAT	TH REG. NO	69 4160		
I. NAME OF DEC	LOVEJOY, J	טאא נ		APRIL 21, 1969 3:15P				
3. PLACE IN BA	LTIMORE MARYLAND, W		UNCED DEAD					
FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	A. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission. A. STATE B. COUNTY MARYLAND ANNE ARUNDEL				
INSTITUTION				PASADEN		SIDE CITY LIMITS?		
40	ST. AGNE	S HOSP	ITAL	PASAUENA YES NO TO				
S SEX	6. RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr., If Under 24 Hrs.		
MALE	WHITE	WIDOWED	DIVORCED	03/22/08	last birthdoy)	Months Doys Hours Min.		
lone during most of UNDERGE	working life, even if retired)		GAS & ELEC	RIC WEST	or foreign country) VIRGINIA	U.S.A.		
3. FATHER'S NA		DALIO	das & LLLC			U.S.A.		
RALPH I				14. MOTHER'S MAIDEN NAME				
			<u>.</u>	AMELIA (Navarro)				
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed For	cas? s of service!	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
YES	WW 2		212-05-5899		HOSPITAL RE			
18.5 90 DISEA	SE OR CONDITION DI	RECTLY	CAUSE OF DEATI			BETWEEN ONSET AND DEATH		
471	LEADING TO DEATH		(A)IMMEDIATE CAU	SE LIREMI	4			
heort failure,	naf mean the mode of asthenia, etc. If means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	*************************************	***************************************		
injury or car	nplication which caused	death.)		`	× 1			
	ANTECEDENT CAUSES		101 NECRE	TIZING	PAPILLITIS			
	OR CONDITIONS, If		DUE TO, OR AS	A CONSEQUENCE OF:				
	e above cause (A) G CONDITION last	stating the	(c) PERI	RENAL	PAPICLITIS ABSCESS			
OTHERSIGNE	II FICANT CONDITIONS CO	NTDIGITING	A /-0	,				
TO THE DEAT	H BUT NOT RELATED TO THE ONDITION GIVEN IN PAR	HE TERMINAL		ARDITIS				
2	OPERATION 198 CON WAS PERI	ORMED	WHICH OPERATION	YES	OF No. 208, IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBE	NT WAS UNDERLYING [JTING] CAUSE OF medicol examined	21 B, hom etc.)	PLACE OF INJURY (e.g., in e., form, foctory, street, of	or obout 21 C. WHERE INJURY OCC	DID (If in Baltimo	ore City, give exact location)		
D 21D. TIME	(Month) (Day) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?			
OF INJURY			le At Not While					
		Wor		EDDIIADV 1	9 60 ADD	11 21 (0		
22. I certify	that (i) (this hospital) attended t	in defended tiotil	EBRÜARY 1	17 - 10	- 19-2		
that (1) (we)	lost saw the decease	d olive on_l	APRIL 21	19 69 (and that in (my) (our) op	inion death occurred on the date		
and hour an	d from the couses stot	ed above. (I) (We) (did) (did not) v	lew the body after d	eath.			
23A. SIGNATU				•		23B, DATE SIGNED		
1 70	Ren /9/ 2	Sino	MO Affer	nding Med.	Staff X	4-4-69		
23C. PHYSICIA NAME (T	N'S ype)	70,40			TIMORE, MARYL			
4A. BURIAL CRE	MATION, 24B, DATE		DEGREE	ST. AGNES	HOSP; CATON	& WILKENS AVES.		
REMOVAL (Specify)							
Burial			len Haven Memo		Glen Burnie,	AA Co., Md.		
SA. DATE REC'D	APR 2 1969	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIR				
	W 11 - 4 1000	Are deriv	- dradan	WI.K. ESA IM	neral Home, G.	len Burnie, Md. 2106		
S 150-REV. 1/1/	68							

BALTIMORE CITY HEALTH DEPARTMENT

• (*)

IMPORTANT

DIRECTOR:

FUNERAL

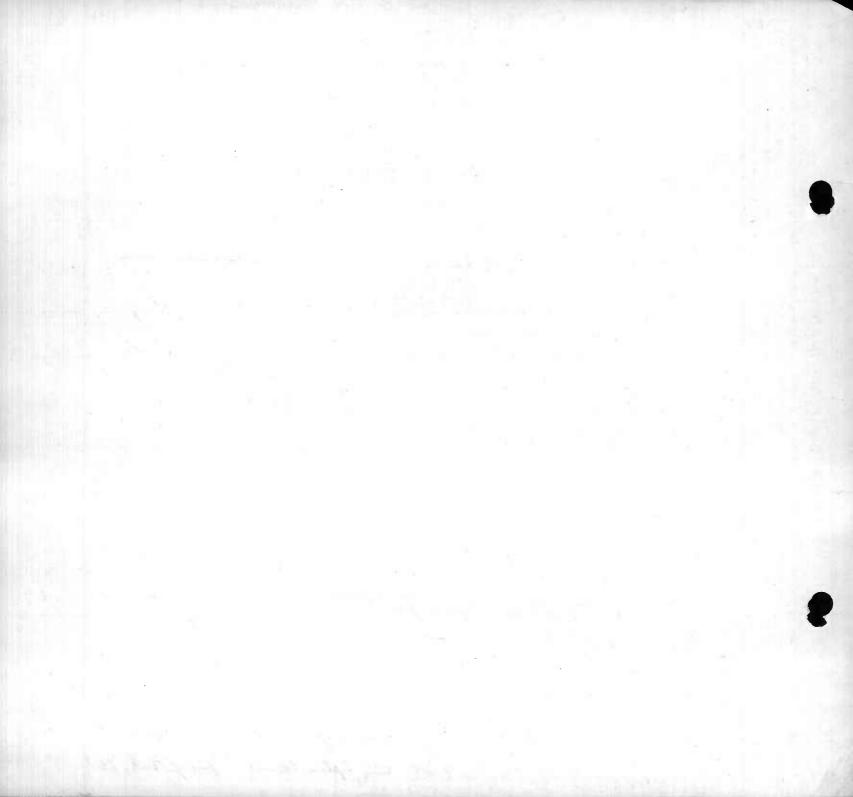
BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES -NO If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct lacotian) and that in (my) (our) apinion deoth occurred on the dote 23 B. DATE SIGNED (Stote)

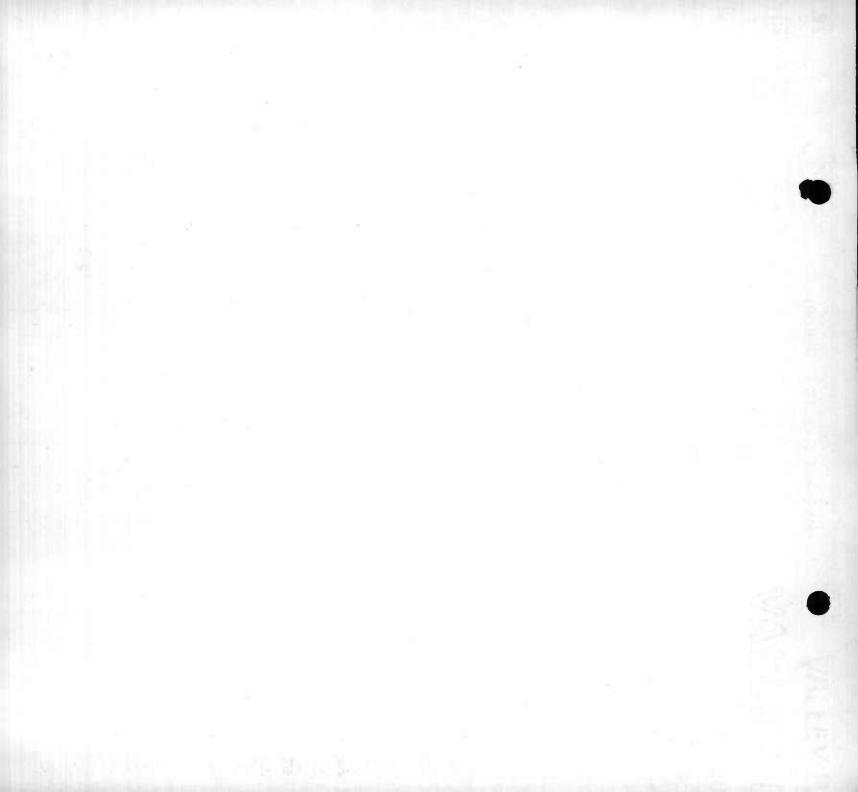


VS 150-REV. 1/1/68

1	CO ALLOS BALTIMORE CIT	Y HEALTH DEPARTMENT
BII	TH NO. 69 4163 CERTIFICA	ATE OF DEATH REG, NO. 69 4163
1.1	IAME OF DECEASED	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission) A. STATE B. COUNTY
III H	LL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN 1 D. INSIDE CITY LIMITS?
1	duiversity Hospital	E. STREET AND NUMBER 1813 N. Pulaski St.
5.	WIDOWED DIVORCED D	8. DATE OF BIRTH 9. AGE IIn yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Bethletern Steel Ship yard	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY
13.	TSaac Cook	14. MOTHER'S MAIDEN NAME Firtha Lee
15. (Ye	Was Decoosed Ever in U. S. Armed Forces? """,no or unknown) If yes, give wor or dotes of service 16. SOCIAL SECURITY NO. 249-12-5116	MARY COOK 1813 N. Polaski S
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, ostherno, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS is to the obove couse IA) stoling the UNDERLYING CONDITION lost.	A CONSEQUENCE OF:
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	e renal failure
RTIF	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
4	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of DEATH (notify medical examines)	in or obout 21 C. WHERE DID (II In Boltimore City, give exact location) ffice bidg., INJURY OCCUR?
	21 D. TIME (Month) (Doyl (Yeer) (Hour) 21 E. INJURY OCCURRED While At Work At Work	
	22. I certify that (1) (this haspital) attended the deceased from	19 69,0 4/20 19 69
1	ond hour and from the causes stated above. (1) (Wa) (did) (did not)	19 on that In(my (our) opinion death occurred on the date
	E COO SECKER Phy	anding Med. Staff Med. Director Phys. Med. 123 R. DATE SIGNED
	Stuart Victor Grandis Motors	University Hospital
1	BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRI SURIOL 4-25-69 ORANGE CE DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	EMATORY 24D. LOCATION (City, town, or county) (Stotel M. Jenkinsuffe S.C. 125C-FUNERAL DIRECTOR ADDRESS



	AACA BALTIMORE CITY	HEALTH DEPARTMENT		00 4404
0.0	CERTIFICA	TE OF DEATH	REG. NO	69 4164
BIRTH NO.				
Type or Print)	11.11	2. DATE AN	D HOUR OF DEATH	- A
JOHN E.	HILL	44	21/69. 8:15) H A
PLACE IN BALTIMORE, MARYLAND, WHERE F	RONOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If ins ITY	titution; residence before admission
ULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARVIANI)	14-03
OSPITAL OR ADDRESS OR LOCATION)	TOTAL OF THE STREET	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
•		BALTIMOR) F	YES NO
42. SINAI		E. STREET AND NUMBER		
700 01011		1920	Estaw Place	Baito 17
SEX 6. RACE 7. AAA	DOUGO TO A VENUED AND DOUGO TO		9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
A. A.	RRIED NEVER MARRIED		lost birthdoy) 55	Months Doys Hours Min.
	OWED DIVORCED	7/13/13	00	
DA, USUAL OCCUPATION (Give kind of work 10B, Kt	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTR
	and of Education	Philadelphi	A PA	USA
FATHER'S NAME	The state of the s	14. MOTHER'S MAIDEN NA	ME	
1.1 - 1111		DI	PI	
JOHN E. HIll,	OR.	rebecca	No ber 1	> .
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	^	ADDRESS
		Delaces A. Sm	Th - 35/3	IN Rolland aco
18.	CAUSE OF DEAT	H	11113 - 2010	APPROXIMATE INTERVAL
00000				BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		AATTARAL	o Ninge	2
(This does not mean the made of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	IC ACIDOSI	7
heart lailure, asthenia, etc. It means the di	sease,	A CONSEQUENCE OF:		ST NUMBER OF STREET
injury ar camplication which caused death.				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, il any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	1	
rise to the above cause (A) slating UNDERLYING CONDITION last.	the DIABE	TES MELLITUS. }	AYPERTENSIO	ON YEARS
	(C)			
Z OVIJEDAJONIJE OD JEDIO OD JE	TINIC			
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	1 200 IE VEC WERE EL	NDINGS CONSIDERED
WAS PERFORME 21A. ACCIDENT WAS UNDERLYING		ADIOFSI; (ICS OF ITO	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	lose of the state	1 1016 144450 245	200	
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (House	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While	е		
(APPROX)	Work At Work	10.100		
22. I certify that (1) (this haspital) atter	nded the deceased fram	4/21/69 103 AM	1969 to 4/21/	69 8.13 am 19.69
that (I) (we) last saw the deceased aliv	e an 4/21/69	19 69 and th	at in(my) (aur) apin	Ian death occurred an the da
and haur and from the causes stoted abo	ave. (1) (#e) (ala) (ala nat) (view the bady after death.		DATE NOVE
23A. SIGNATURE		ada — Mad —		23B. DATE SIGNED
Ilian L. Roge	DEGREE Phy	ending Med. Director	Staff Phys.	
23C. PHYSICIAN'S		23D. ADDRESS	•	
NAME (Type)	ROOME	CIAMAL	LOSPITAL	OF BALTIMORE
JUNIO COEMATION OF DATE	DEGREE	7 (10/04)		
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR	1 AL 240. L	OCATION (City	, town, or county) (Stote)
BuriAL 4-26-69	AR huTuch	lem PK. B	A/40,	Md.
SA. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
Qui 6661 ava	A COUNTY OF STREET STREET	4.4		1
	3.53 4, AMMAN "	Major E A TLA	1)1011 11	TAI LAUDENCE
S 150-REV. 1/1/68	Con A AND	MORTSNIT	DyeTT 1:	701 LAURENS.



VS 150-REV. 1/1/68

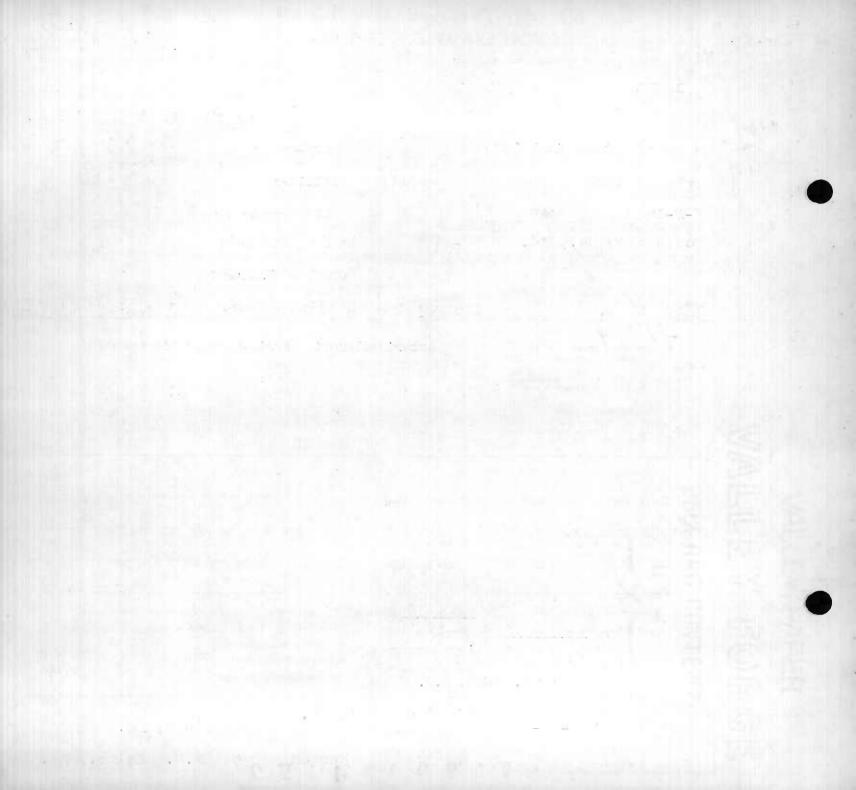
BIRTH NO.	69	4165	CERTIFICA			REG. NO		69 4165
(Type or Print)		6. Ottis	(NMI)			pril 20, 19		7:00 P
FULL NAME OF HOSPITAL OR INSTITUTION	of affinor Maryland, which is the second of	AL OR INSTITUTION Distration En Blvd.	on, give street	A. USUAL RESIDIA. STATE Maryland C. CITY OR TOWN Baltimor E. STREET AND I 1204 Mc	ENCE (Whee B. COUN	e deceosed lived, If TY		tesidence being odmission) 5-0/ LIMITS?
5. SEX	6. RACE Negro	7- MARRIED X	NEVER MARRIED DIVORCED	8. DATE OF BIRTH		9. AGE (In years last birthday)	If Und Months	der 1 Yr. If Under 24 Hrs. S Doys Hours Min.
done during most Labor 13. FATHER'S N	CUPATION (Give kind of work of working life, even if retired)	Unknot		North Ca	rolina	gn country)	12. CI	U.S.A.
Samue	l Cates			Mae Elli		ΛE		
15. Wos Deceas (Yes, no or unknown) Yes	ed Ever in U. S. Armed Fare wn) (II yes, give wer er dole 11-4-42 to		SOCIAL SECURITY NO. 43-16-5764	VA. Hosp.	3900	Records Loch Raven	Blvd	ADDRESS Balto.Md. 21
DISEASES isse la ! UN DERLY!!	nof mean the mode of a sathenia, etc. It means omplication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) NG CONDITION last.	the disease, death.) Iny, giving slating the	(B) M DUE TO, OR AS .		me	n multiple tastases		
DISEASE OR 19A. DATE OF 21A. ACCID	ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART OF OPERATION 198 CONDITION 198 PERF	1 (A). DITION FOR WHICH	CE OF INJURY (e.g., in	20A. AUTOPSY? YES or obout 21C. WHE	RE DID	IN CERTIFYING CA		S CONSIDERED DEATH? YES va exoct location)
that (12 (we	While A1 Not While Care Not While Care Not While Care Not Work Care Not Not While Care Not Work Care							
23A. SIGN AT	aly al. (1) ANS (Type)	lebuie	Atten Phys.	ding Med. Direct	lor 🗆 🕯	Blvd., Bal		14/21/69
BURIAL	4-25-6	4 BA	of CEMETERY OF CREA		24D. LO	CATION (C	ity, town,	

, A

69 4166

69 4166 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.	REG. NO.								
1. NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour							
(Type or Print) HANIEL DUNNOCK	OF DEATH Estimoted X	м.							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD April 21, 19	69 12:03P M.							
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: res								
Provident Hespital (DOA)	A. STATE B. COUNTY	14 10							
Provident Hospital (DOA) 6. SEX 7. RACE 8. MARRIED TO NEVER MARRIED TO	Maryland C. City or town D. INSIDE CITY L	IMITS?							
MARKIED NEVER MARKIED									
male negro WIDOWED DIVORCED	Baltimore YES	X NO L							
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER								
5-2-1899 69	1120 Argyle Avenue								
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME								
Dordhester co., ma. USA	Daniel Dunnock								
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME								
done during most of working life, even if retired)	Rosetta Dunnock								
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT	ESS							
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 218108382	Lillian Dunnock Baltimo	rgyle Avenue ore, Marylan							
119. CAUSE OF DEA		APPROXIMATE INTERVAL							
4/0,4		BETWEEN ONSET AND DEATH							
	osclerotic Cardiovascular Diseas	е							
(A) IMMEDIATE (A	(This does not mean the mode of dying, e.g., DUETO, OR AS A CONSEQUENCE OF:								
heort foilure, osthenio, etc. It meons the diseose,	AS A CONSEQUENCE OF:								
injury or complication which coused death.)	200								
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:								
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE									
UNDERLYING CONDITION LAST.									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21	. AUTOPSY? (Yes or No)							
Ö		No							
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	, in or obout 22C. WHERE DID (If in Boltimore City, give exact to	ocotion)							
UNDERLYING OR CONTRIB-	ce bldg., etc.) INJURY OCCUR?								
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.∜NJURY OCCURRED	22F. HOW DID INJURY OCCUR?								
OF INJURY WHILE AT NO	T WHILE								
(APPROX.) m. WORK AT	work L								
23. 1 certify that I held an Inquiry Inspection X Au	utapsy and that an this basis, death In my api	-1							
		illuii							
resulted fram: Natural causes X Accident Suici	de HamicIde Undetermined manner								
ACTUAL MOLANDA N. T.	CHIEF MEDICAL EXAMINER	DATE SIGNED							
SIGNATURE M.I.	D. ASSISTANT MEDICAL EXAMINER X	1.100.100							
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	4/22/69							
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or	county) (Stote)							
REMOVAL (Specify) Jefferson 1	Mem'l Ch.								
Burial 4-25-69 Cemete									
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	(53)							
APR 12 1969 Class E. Jarbeyna	Morton & Dyett F.H. Bs	alto., Md.							
VS 151-REV. 1/1/68	0 1 1 5 7								



MEDICAL EXAMINER'S CERT	IFICATE	OF	DEATH,
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RID	TH NO.		MED	ICAL	EXAMIN	AEK 2 C	EKIIFI	CATE OF	DEAT	REG. NO	0		
-	NAME OF DEC	FASED					2. DATE	Known X	Month	Doy	Yeor	Hour	
	(Type or Print) CALVIN MASON, C Sr,						OF DEATH	Estimoted	April		969		М.
4. 1	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	
HO	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) R INSTITUTION							ESIDENCE (Whe	April		969	9:45	A M.
	Lutheran Hospital (DOA)							Marylan		B. COUNTY		5-02	2
6.		7. RACE			ED NEVER M		C. CITY OF			D. INSIDE	CITY LIMITS	?	
	Male	Negi		WIDOW		ORCED	Baltimore YES X NO						
9. 1	ATE OF BIRTH	1904	10. AGE (In lost birthdo 64	n yeors	If Under 1 Yr. If U Months, Doys, H		E. STREET	1836 We	stwood	Avenue			1
11.	BIRTHPLACE (S	tote or foreig	in country)	1	12. CITIZEN OF		13. FATHER	'S NAME					2
			W.		WHAT COUN	NTRY?	14/	11.5	Mica	11			
144	USUAL OCCU		e kind of work	14B, KIND	OF BUSINESS C	OR INDUSTRY	15. MOTHE	R'S MAIDEN N	ME ASO	7			17.0
don	during most of w	orking life, ev	en ifrétired)	-	0. 505255		19,		-	/			b-
C	lub A	TIEHO	ANI		Y		114	1112 /	- FANCE	3 K	YHE		
16. (Ye	WAS DECEASE , no or unknown)	ED EVER IN	U.S. ARMEI	of service)	? 17. SOCIA SECUR	L ITY NO.	18. INFOR	MANT		5701	ADDRESS	-	4
(, -	No	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			ELS	E MA	SOK I	1876	WESI	Wood	
	19.	2 44	1112		CAL	SE OF DEAT	Н				BE	APPROXIMATE I	
	DISEASI	E OR COND	ITION DIRE	CTLY	Ar	teriosc	leroti	c cardio	vascula	r dise	ase		
		EADING TO			(4)	IMMEDIATE C	AUSE						
	heart fallure,	(This does not mean the mode of dying, e.g., heart follure, asthenia, etc. It means the disease, injury or complication which caused death.)											
								1000					
		NTECEDENT			(B).		15 1 501156						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:												
7	UNDERLYING CONDITION LAST.												
Õ			11		(-)								
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).											*******	
E					FOR WHICH OP	ERATION WA	S PERFOR!	MED			21. AU	OPSY? (Yes	or No)
핑	-												
ب	22A. FXTER	NAL CAUCE)A/A C	T,	DOD DIAGE OF I	NIIIDV/	I	22C MUEDE DIE	111 :- D - lat	City -ive		Yes	
MEDICA	UNDERLYING UTING CA	_	ITRIB-		22B. PLACE OF I home, form, foctor	y, street, office	bldg., etc.)	INJURY OCCUR	(It in politime	re City, give	exoct tocotton	,	
Σ		(Month) (Doy) (Yeo	r) (Hour) 22E.INJURY	OCCURRED		22F. HOW DID I	NJURY OCC	UR?			
	(APPROX.)				m. WHILE AT WORK	NOT AT W	WHILE						
Н	23.				7								
	I cert	ify that I h	eld on I	Inquiry L	_ Inspection	an Aut	tap sy X	and that an	this basis,	death in r	ny apinian		
	result	ted fram: N	latural cau	uses X	Accident	Suicid	le H	amicide		ned manne	or [
	1 1 1 1 1	13	1	0	1 1 3 .	-6		CHIEF MEDICA	EXAMINER			DATE SIG	NED
	ACTUAL		care	XJ	·d	TALun	ASS	ISTANT MEDICA	LEXAMINER	X		DATE SIG	MAED
	SIGNATU			<u> </u>	0_1	W.D		OCIATE MEDICA		П			
	NAME (T	ype)		S. Sp	ringate,							1, 1969	
	A. BURIAL CREA		248. DATE	Í	24C. NAME of	CEMETERY	ar CREMAT	ORY 24	. LOCATION	(City, t	own, or coun	ty) (St	ote)
KE	MOVAL (Specif	1/1	4/24	1/19	MT	lularia	111	CIA	WEST	Dori	1	mol	
0.5	DATE DECID	DV HEALTH	DEDY	10/	AME OF REGIST	TOPOUT	7 1250	ELINEDAL DIDE	TOP	10011	ADDRESS	/	
25	A. DATE REC'D	DITEALIH		4230. IN	WHIE OL KERIZI	TAM	25C. FUNERAL DIRECTOR ADDRESS						
		ELLIA	3 /4	Park.				1 1	-	101			
		APR	43 19	69	0. 8.0	200	5	nilla	€	Elic	lesa		

water that he was and have reliable 110/07 dependent laps they file Will exhibit to 18 yours religion W. B. Waddill, Jr. Johns Hopkin Hoop ...

3-1-1

69 4169 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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69 4169 BALTIMORE CITY HEALTH DEPARTMENT									
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	69 4169								
BIRTH NO.									
1. NAME OF DECEASED 2. DATE Known Month Doy (Type or Print)	Yeor Hour								
DAVID ALLEN OF DEATH Estimated X	М.								
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Yeor Haur								
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 5. USUAL RESIDENCE (Where deceosed lived. If institution)	191								
3 City Hospital A. STATE Maryland Ballo Co									
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CI	TY LIMITS?								
male white widowed Divorced Baltimore yi	ES NO								
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min.									
32 1900 Tolson Avenue									
Chicago, Ich. WHAT COUNTRY Evenett Edward	Allen								
14A. USUAL OCCUPATION (GIVe kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)									
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ree/4								
(Yes, no ar ughnawn) (If yes, give war or dates of service) SECURITY NO. Fisher - Pau F. Hore - R	sosoola, Fla								
19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
Chief are on Company of the Company	BETWEEN CHOSES AND DEATH								
DISEASE OR CONDITION DIRECTLY Cranio-Cerebral Injuries									
(A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:									
heart failure, astheria, etc. it means the disease, injury ar camplication which coused death.)	heart failure, asthenia, etc. It means the disease, Injury or complication which coused death.)								
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR AS A CONSEQUENCE OF:									
RISE TO THE ABOVE CAUSE (A) STATING THE									
UNDERLYING CONDITION LAST. (C)									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)								
	Yes								
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimare City, give excluded by the company of the com	act location) 53								
UNDERLYING AOR CONTRIB. Description of the bldg., etc.) INJURY OCCUR? Marine Terminal Dundalk Marine Terminal Du	1 (Old Harbor								
22D. TIME (Month) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED 4 22F. HOW DID INJURY OCCUR?	7 11								
(APPROX.) 4/21/69 9:00 A. m. WHILE AT X NOT WHILE THE TRAIL THE TR	siled by								
23. 1 certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my	!-!								
	_								
resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner									
CHIEF MEDICAL EXAMINER	DATE SIGNED								
SIGNATURE MANUEL									
EXAMINER'S Werner U. Spirz, M.D. ASSOCIATE MEDICAL EXAMINER	1100100								
NAME (Type)	4/22/69								
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tow	4/22/69 n, or county) (Stote)								
NAME (Type)									
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tow REMOVAL (Specify) 4/25/69 Bay View Hem. 120 Pensaco/a									
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY Co 24D. LOCATION (City, low Burial (Specify) 4/25/69 Bay View Hem. 120 Pensace/d	n, ar county) (Stole)								

Chicago, ILL. U.S.A. Evenett Edward Alle Martha H. Greelle Fisher-the Fither Person Burned 4/25/69 Bay View Hom The Pensacela Flo permen M- Feeler Kills

IMPORTANT

DIRECTOR:

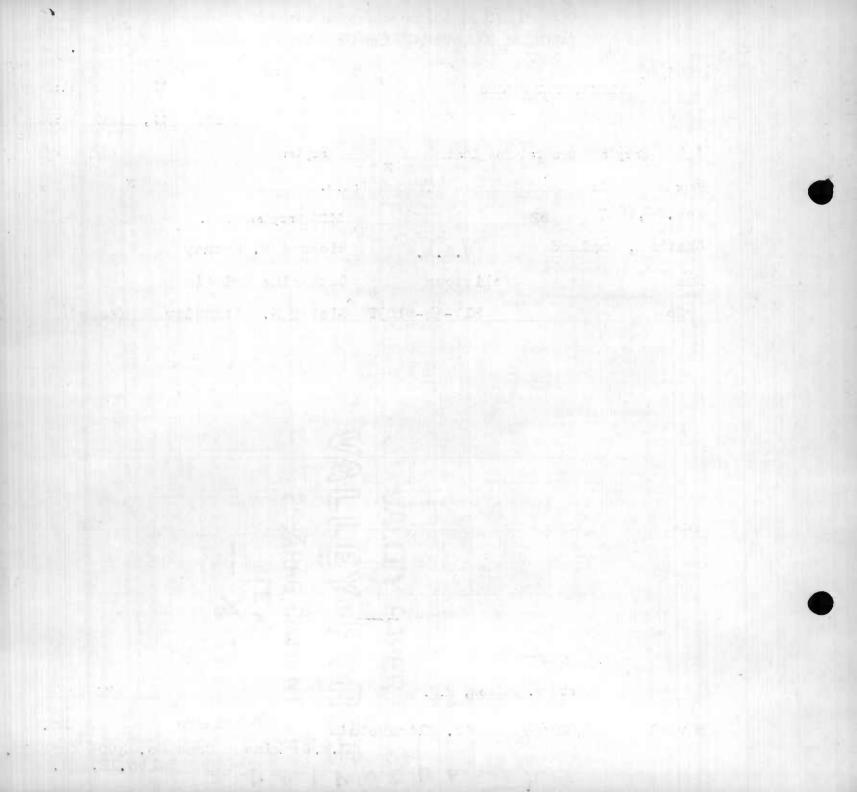
FUNERAL

4 USUAL RESIDENCE (Where deceased lived If institution; residence D. INSIDE CITY LIMITS? YES 🗌 NO If Under 1 Y& If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? In S.A ADDRESS Same APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltlmore City, give exact location) and that In(my) (our) opinion death accurred on the date (Stote) Balto . Co., Md . 25C. FUNERAL DIRECTOR
H.W. Jenkins, & Sons Co. York Rd. VS 150-REV. 1/1/68

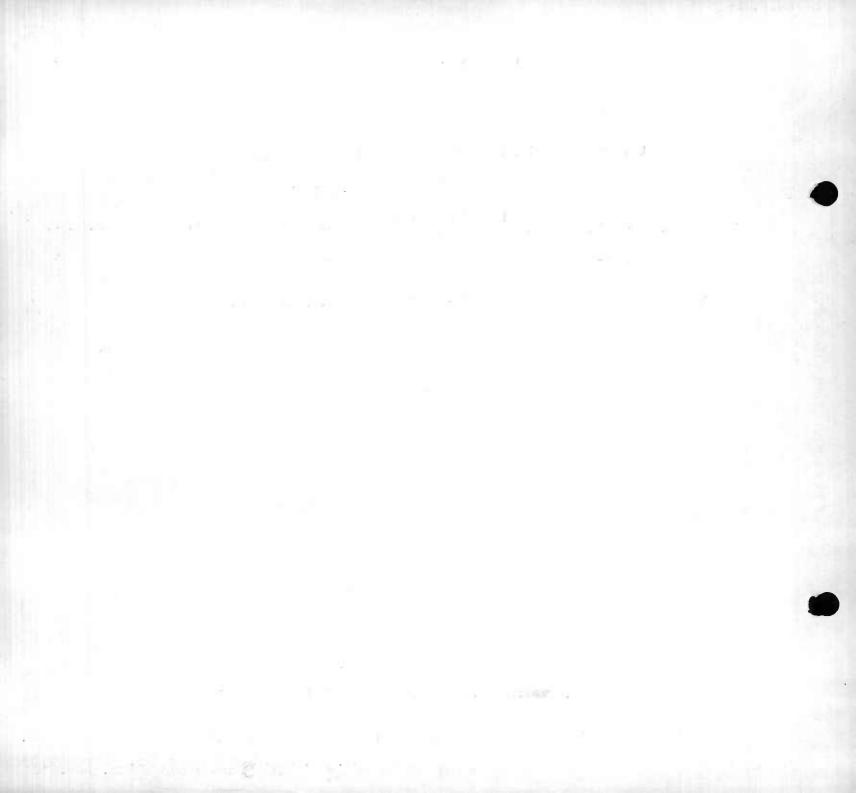


MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH R
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MEDICAL EXAMINER 3 C	LEKTIFICATE OF DEATH REG. NO	
I. NAME OF DECEASED	2. DATE Known XX Month Day Ye	ear Hour
(Type or Print)	OF Salimeted O	
SISTER MARY S. LANO 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH 4 ZZ 0	11:50 Mp
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION)		1969 11:50рм.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, If Institution: residence of the state of	ence before odmission)
Maryland General Hospital	Maryland	12-06
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	_	
Female White WIDOWED DIVORCED	Balto. YES	NO L
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.	E. STREET AND NUMBER	
Feb. 25, 1887 82	2226 Maryland Ave.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Chatham, England II.S.A.	Richard P. Mooney	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
Nun Religious	Catherine Cribbin	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRES	S
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Of show M Alexander	/ a \
No 217-54-8103	Sister M. Alexander	(Same)
CAUSE OF DEAL		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1 0 0	
LEADING TO DEATH (A)IMMEDIATE C		
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or camplication which caused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
C)		
II II	1 2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	NSCOD	
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. A	AUTOPSY? (Yes or No)
		YES
	in or obout 22C. WHERE DID (If in Boltimore City, give exact local	tion) 1 1 1
UNDERLYING OF CONTRIB-	e bidg., etc.) INJURY OCCUR?	Mue 7-06
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22P HOW DID INJURY OCCUR?	
	WHILE THE PROPERTY OF THE PROP	
(APPROX.) 7 /9 6 7 m. WORK AT W	VORK LT Surper for	
	tapsy XX and that on this basis, death in my aplni	on
		011
resulted fram: Hatural causes Accident Suicid		
ACTUAL (1 / 11/1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D. M.D.	ASSISTANT MEDICAL EXAMINER XX	
EXAMINER'S JW	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.		4/23/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or co	ounty) (State)
REMOVAL (Specify)	Baltimore	Md.
Burial 4/26/69 St. Elizah	25C FUNERAL DIRECTOR ADDRES	SS .
250 TOMBE OF REAL PROPERTY OF THE CONTRACT OF	H.W. Jenkins & Sons Co.	1905 York Rd.
DUR 13 1903 VILLEND 4	Balto	.12. Md.
		A /



69	1179 BALTIMORE CITY	HEALTH DEPARTMENT		
00	CERTIFICA	TE OF DEATH	REG. NO.	69 4172
BIRTH NO. 1. NAME OF DECEASED (Type or Print) Fred Et	nlers, Jr.		ND HOUR OF DEATH	GA
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceosed lived. If i	nstitution: residence before odmissio
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	Maryland c. city or town		IDE CITY LIMITS?
INSTITUTION		Baltimore	D. IINS	YES NO
44 Union Memoria	l Hospital	E. STREET AND NUMBER 1655 Ralwort	th Road	11.5
5. SEX 6. RACE 7. N	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DOWED DIVORCED	4-27-1892	10st birthdoy	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign cauntry)	12. CITIZEN OF WHAT COUNT
Ret'd. Shipping Agent	Dichman Wright Pugh	Baltimore,		U.S.A.
3. FATHER'S NAME Fred Ehlers		Sarah Bea		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes WWI	215-03-7532	Mrs. Murie	l J. Ehler	Same
18.	CAUSE OF DEATH	1	0 10	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECT		(Selling	asky Horse	ua Trundente
(This does not mean the mode of dying		A CONSEQUENCE OF:	1000/10/10	-co minimo coa /
heart failure, asthenia, etc. It means the injury or camplication which caused deal	diseose,	1 111 7		5
ANTECEDENT CAUSES	(ode	A /// 1	•	MMO CO a 1
DISEASES OR CONDITIONS, if ony,	giving (B)	A CONSEQUENCE OF:		
rise to the obove cause (A) state UNDERLYING CONDITION last.	ing the			
ONDERETING CONDITION last.	(C)		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (RMINAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORN 21A. ACCIDENT WAS UNDERLYING	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in hame, form, factory, street, at etc.)	n or obout 21C, WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	re City, give exoct lacotian
Q 21D. TIME (Month) (Doy) (Year) (Ho	our) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Work At Work	е		
22 1 216 1 1 1 1 1 1 2 1 2 1 2 1 2		16.50	10 4/	1-10
22. 1 certify that (1) (this hospital) att	1/14/1/16	19 and a	19 to 77	Union death accurate an the de
				inion death occurred on the do
and hour and from the couses stated of	ibove (1) (We) (did) (did not) v	iew the bady ofter deoth.	•	23B. DAJE SIGNED
Arolly FAllx	1 SIN SHA AHO	nding Med.	Staff	4/2/1/20
23C PHYSICIANIS	DEGREE Phys	Director L	Phys.	1/10/09
23C. PHYSICIAN'S NAME (Type) Dr. Walt	er E. Karfgin	4331 Harfor	d Road	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (Stote)
Burial 4-25-69	Baltimore Nati	onal	Baltimore,	Md.
	NAME OF REGISTRAR	25C. FUNERAL DIRECTO) R	ADDRESS Co., Md. 2121
/S 150-REV. 1/1/6B	7 5 7 6	1 4800	UIN RUAC	Datto., Mu.z 121



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VS 150-REV. 1/1/68

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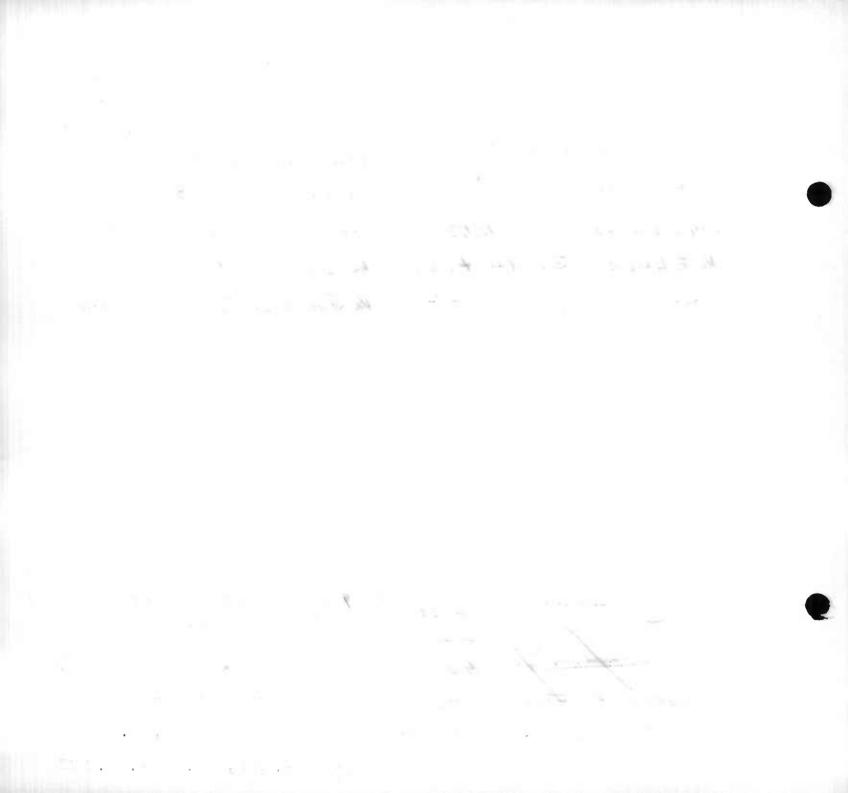
shows:

ng cause of death cause; (5) Deceased

LO

attendance

death.

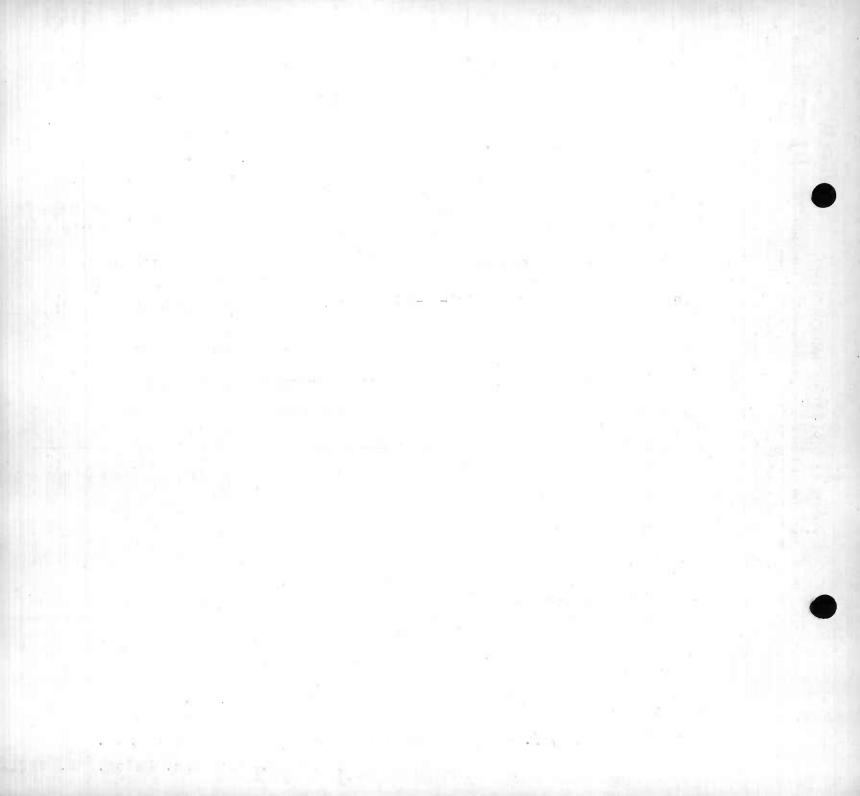


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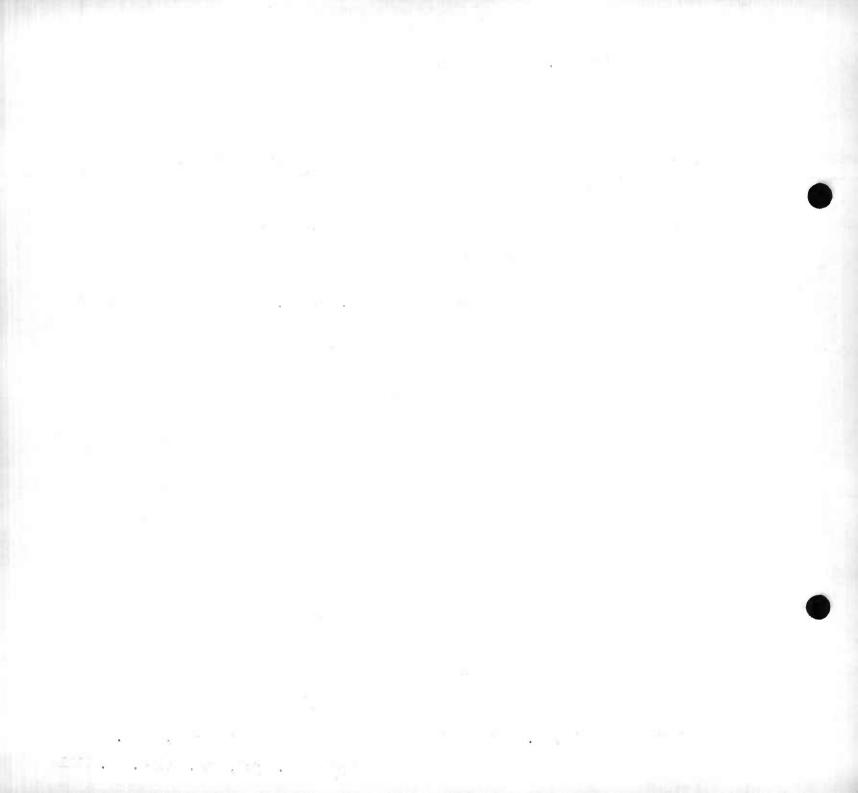
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



BIRTH NO. (24-097269		Y HEALTH DEPARTMENT REG. NO	69 4175				
I. NAME OF DECEASED	· TAUBERT	2. DATE AND HOUR OF DEATH	2.461				
3. PLACE IN BALTIMORE MARYLAND,		4. USUAL RESIDENCE (Where deceased lived, If	institution; residence before admission				
INSTITUTION ADDRESS OF EC	PITAL OR INSTITUTION, GIVE STREET CATION)	MARYLAND Ball	SIDE CITY LIMITS? YES NO				
HOSPITAL		E. STREET AND NUMBER	HAM AVE				
6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTHY 9. AGE (In years lost birthdoy)	II Under 1 % II Under 24 His. Months Doys Hours Min.				
None	ork 108, KIND OF BUSINESS OR INDUSTR	Maryland	12. CITIZEN OF WHAT COUNTRY				
JOHN D. T	AUBERT	14. MOTHER'S MAIDEN NAME EDNA QUILL	EN				
15. Was Deceosed Ever in U. S. Armed (Yes, no or unknown) (If yes, give wor or d NO		Mr. John D. Talbert	ADDRESS				
18. / 4 0 0 4	CAUSE OF DEAT		(Sa me)				
Injury or complication which cause ANTECEDENT CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, if it is not to the above cause (A UNDERLYING CONDITION last.) OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN P. 19A-DATE OF OPERATION 19B. CO. WAS P. 19A-DATE OF OPERATION 19B. CO. WAS P. 19A-DATE OF OPERATION 19B. CO. WAS P. 19B-CO. 19B	any, giving (B) DUE TO, OR AS (C) MALL ONTRIBUTING THE TERMINAL RET I (A).	CORD INVOLVEMENT A CONSEQUENCE OF: GNANT NEUROEPITH	Ziona 9mo				
19A-DATE OF OPERATION 19R CO WAS PE	NDITION FOR WHICH OPERATION	1965 1 95	FINDINGS CONSIDERED				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, farm, foctory, street, o	n or obout 21 C. WHERE DID (II In Bolitmon	re City, give exoct locotion)				
21D-TIME (Monih) (Day) (Yeo OF INJURY (APPROX.)	While At Not White At Work	21F. HOW DID INJURY OCCUR?					
22. I certify that (1) (this hospit that (1) (we) lost sow the decea		196 5 and that in(my) (our) only	nion death occurred on the date				
and have and from the causes st	and haur and from the causes stated above (1) (We) (did) (did nat) view the body after death.						
23A, SIGNATURE		nding Med. Staff Phys.	4/22/69				
23C. PHYSICIAN'S HAME (Type) ARTURO	a. SANTOS, MD.	MARCY HOSPIL	P, Balto, Md				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 4/26/		ery Kingsport,					
25A. DATE REC'D BY HEALTH DEPT.	25R NAME OF REGISTRAR	Leonard J. Ruck, Inc. Ba	alto. Md. 21214				
VS 150-REV- 1/1/68							



BALTIMORE CITY HEALTH DEPARTMENT

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-	po		0.0	CISE	91
SOU DE LI DOLLING III III I I I I I I I I I I I I I I	e body was released to the hospital by a medical examiner. Also, if the direct or contributing cause	ows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5)	as D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance	coasod prior to death); and (6) No physician was in regular attendance on the deceased prior to dea	ritten approval must be obtained before the remains are embalmed or final disposition is made.

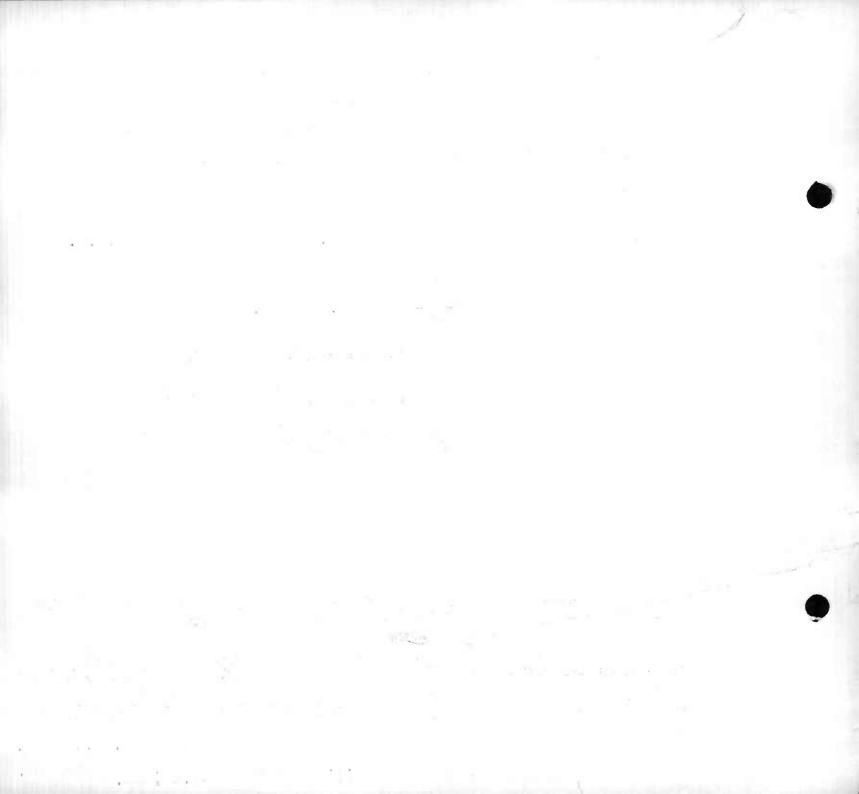
VS 150-REV, 1/1/68

IMPORTANT

DIRECTOR:

FUNERAL

D. INSIDE CITY LIMITS? YES X NOF If Under 1 Yes Il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that In(my) apinian death accurred an the date 23 B, DATE SIGNED ICity, town, or county! (Stote) Md . ADDRESS 905 York Rd.

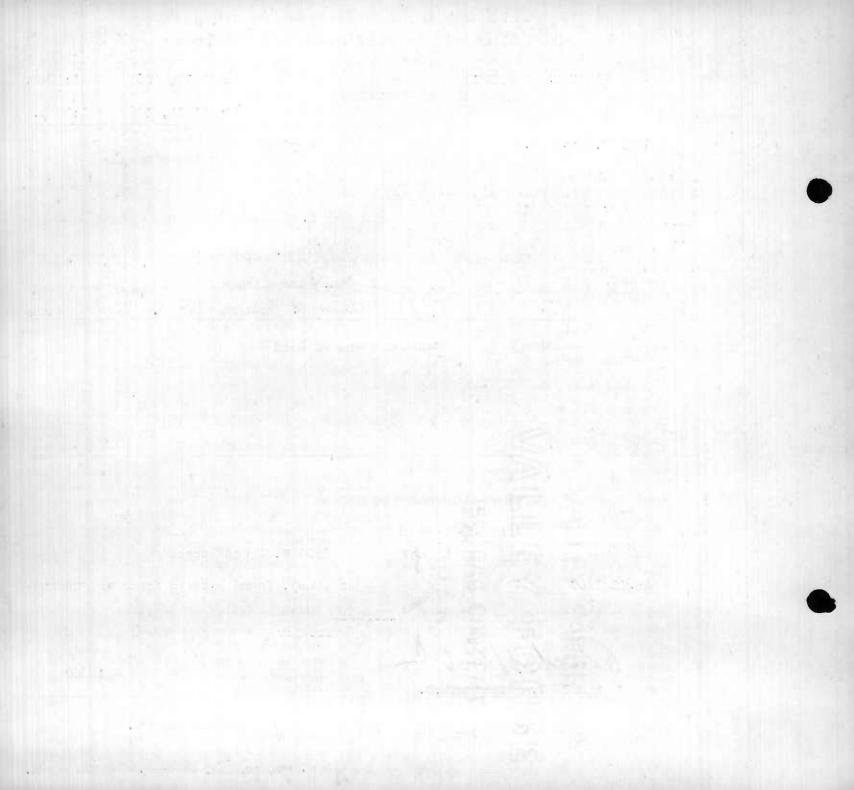


VS 150-REV, 1/1/68

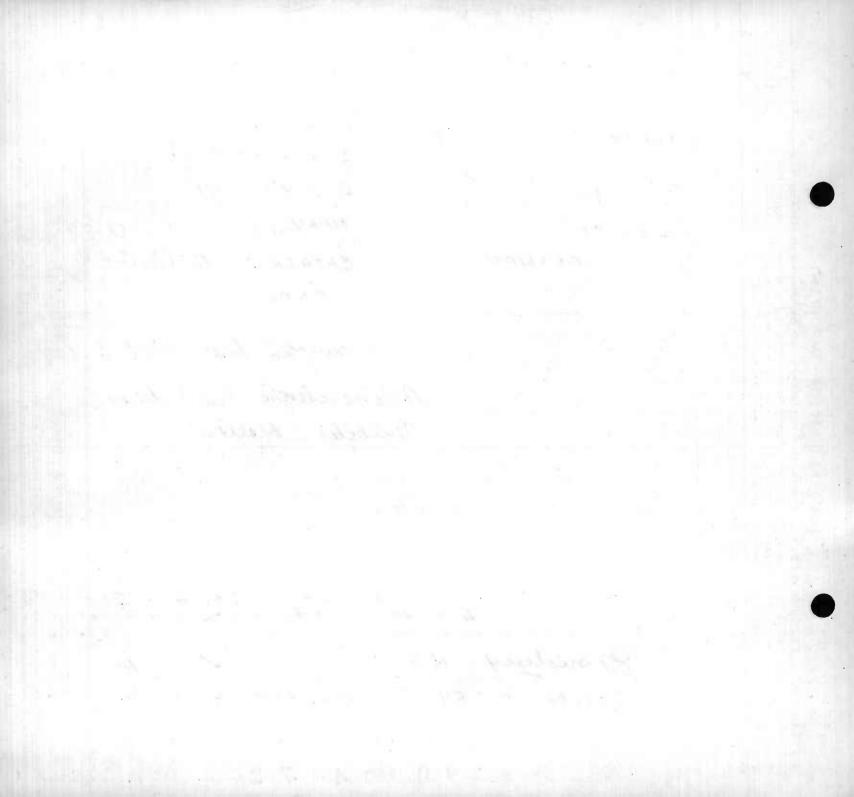
476 1 이번 사람들은 그림은 그 때 회사 Fig. 1. The DEVELOP Figure 1. Street a the state of the s

The bottomore cit i leach be arimely	00	
EDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO	69	4178
1120,110		

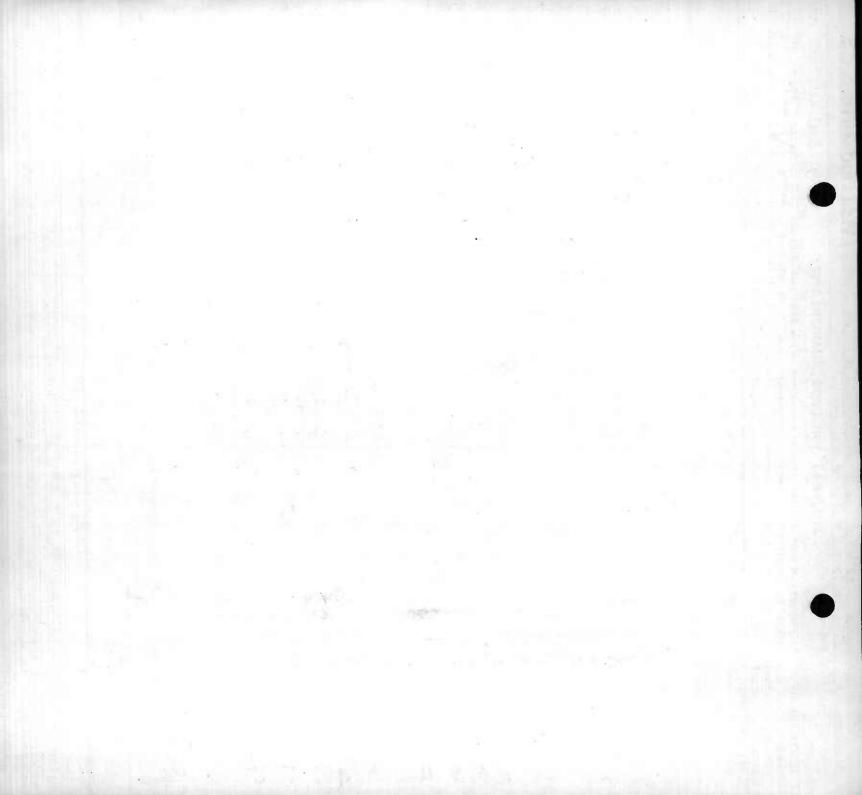
0 1	69 4178 BALTIMORE CITY HEALTH DEPARTMENT							
G-363	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 4178							
	1. NAME OF DECEASED (Type or Print) PATRICIA GUTRIDGE 2. DATE	Yeor Hour 1:10 A.						
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL ON INSTITUTION, GIVE STREET PRONOUNCED DEAD April 14, 19	Year Haur 1:10 A.						
A C	HOSPITAL ADDRESS OR LOCATION) S. USUAL RESIDENCE (Where deceosed lived. It institution: r A. STATE Maryland B. COUNTY	M.						
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY							
	Female White WIDOWED DIVORCED Baltimore 9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER	NO .						
	2 6/15/156 lost birthdoy) 12 Honder 14 Hrs. E. STREET AND NUMBER 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME							
	"aryland WHAT COUNTRY? William B. Gutridge							
	done during most of working life, even if retired) 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME							
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no prunknown) (If yes, give wor or dates of service) 17. SOCIAL SECURITY NO. 18. INFORMANT William B Custoides 600 N	Ellwood Avenue						
	19. F. 9 6 5 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY Gunshot wound of head LEADING TO DEATH (A)IMMEDIATE CAUSE							
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DISEASES OR CONDITIONS, IF ANY, GIVING DISEASES OR CONSEQUENCE OF: DISEASES OR CONSEQUENCE OF:							
	UNDERLYING CONDITION LAST.							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20.A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED							
	DISEASE OR CONDITION GIVEN IN PART 1 (A): 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)						
	22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB. 22B. PLACE OF INJURY (e.g., in or ohout 22C. WHERE DID (If in Boltimore City, give exect home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	yes locotion)						
	UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Hour) 22E.NNJURY OCCURRED 1931 E. Pratt Street 22F. HOW DID INJURY OCCUR?	2-01						
	OF INJURY (APPROX.) April 1969 ?? m. WHILE AT WORK Subj. found between fen	ice and garage						
	23. I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my a	pinian						
	resulted fram: Natural causes Accident Suicide Hamicide & Undetermined manner CHIEF MEDICAL EXAMINER	DATE SIGNED						
	SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER SSAMINER SSAMINER	4/18/69						
	NAME (Type) Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town,	ar county) (State)						
	Burial 4/22/169 Gardens of Faith Cemetery Baltimore, 1110	d						
		Baltimone St						
	Jour a Moran inc 2000 7	more J+						



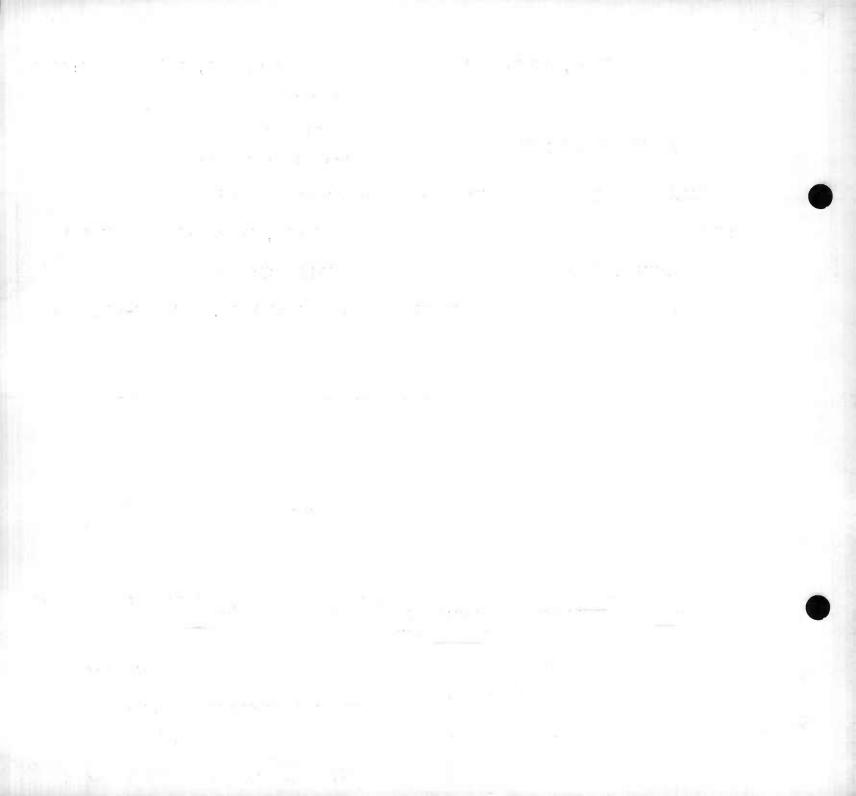
	00	BALTIMORE CITY	HEALTH DEPARTMENT		00 1100			
BI	NO. 4	CERTIFICA	TE OF DEATH	REG. NO	69 4179			
	NAME OF DECEASED	,	DATE AND	D HOUR OF DEATH				
	pe or Print) NAGLE Ma	8 WILLIAM	4-	20-196	9 11-15-P M.			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If inst TY	titution: residence before admission)			
FU	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARYLAND	7.4	1.6-10			
.1N	STITUTION		C. CITY OR TOWN	D. INSID	E CITY LIMITS?			
	CHURCH HONG &	OSPITAL	BALTIMORI	=	YES NO			
	Church House		255 5 6	OCT AV				
L	25		255 3,61	731 17				
S.	SEX 6. RACE 7. MARK	IED NEVER MARRIED		ast birthday)	Months Doys Hours Min.			
	(WIDON		9-5-94	71				
	A. USUAL OCCUPATION (Give kind of work 10 B. KINI ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?			
33	14 BUSE WIFE		MARYLAN	1)	U.S.A			
13.	FATHER'S NAME	State In Co. 10	14. MOTHER'S MAIDEN NAM	A E				
	JOHN HARTMAI	γ	CATHERING	E REIN	VIG-ER.			
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ALTERNATION IN	ADDRESS			
1	Al	214-24-9877	CHART					
-	18.	CAUSE OF DEAT	1		APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH			
	LEADING TO DEATH		· Completo	Locale Sal	ock 1 day			
		tinis does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:						
	heart failure, osthenio, etc. It means the dise injury or complication which coused death.)		'					
	ANTECEDENT CAUSES	Ado	si oco lowlie	Horst a	nonne			
	DISEASES OR CONDITIONS, if any, gi	ving (B) DUE TO, OR AS	n'osclendice A CONSEQUENCE OF:	118011 00	23 60016			
	rise to the above cause (A) stoting the							
	UNDERLYING CONDITION last.	(c)	Deles Me	ca ias				
7	II.							
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI							
Y	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES WERE FI	NDINGS CONSIDERED			
TIF	4-19-69 WAS PERFORMED CENTLY	ate AV lelock	0	IN CERTIFYING CAU	SES OF DEATH?			
CER	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Baltimare	City, give exact location)			
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?					
DIC	21 D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
AE	OF INJURY (APPROX)	White At Not Whil	e 🗖					
	(APPROX)	Work At Work						
	22. I certify that (N) (this haspital) attend	ed the deceased fram	1 - 3 - 1	969 to be	- 20 - 1964.			
	that (1) (we) last saw the deceased alive	an 4 - 20	19 69 and the	it In (my) (aur) apini	Ian death accurred an the date			
	and have and from the causes stated above	e. (1) (We) (did) (did not) v	iew the bady after death.					
	23A. SIGNATURE	/ 5			23B. DATE SIGNED			
	My miden	4 M.D Atte	nding Med.	Staff Phys.	4-20-69			
	23C.PHYSICIAN'S	DEGREE	23D. ADDRESS	11173.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	NAME (Type) TOSEPH N	101RY	CHURCH	HONE	(40SP) TAL			
24	A. BURIAL CREMATION, 248. DATE 24	DEGREE C. NAME of CEMETERY OF CRI	MATORY 24D. LC		, town, or county) (State)			
	REMOVAL (Specify)		The second secon					
-		ME OF REGISTRAR	rial Gardens L	accumo ne,	ADDRESS			
23	A. DATE REC'D BY HEALTH DEPT. 25B, NA	VIE OF REGISTRAK	4					
	7	5 9 0	John A. 7Mon	in Inc. 3000	E. BaltimoreSt			
	150-REV. 1/1/6B							

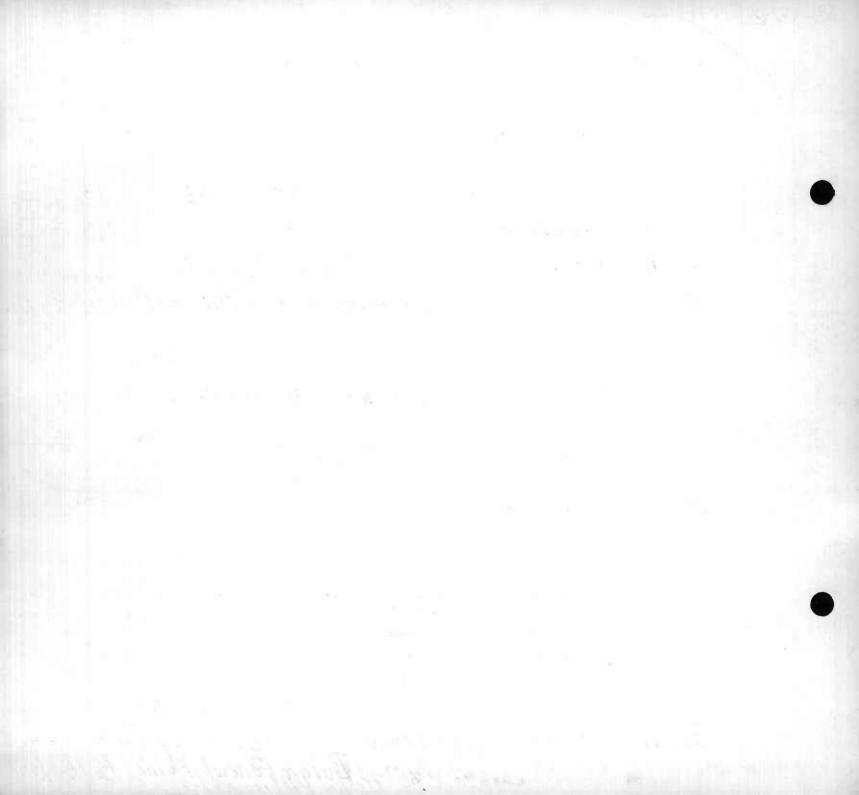


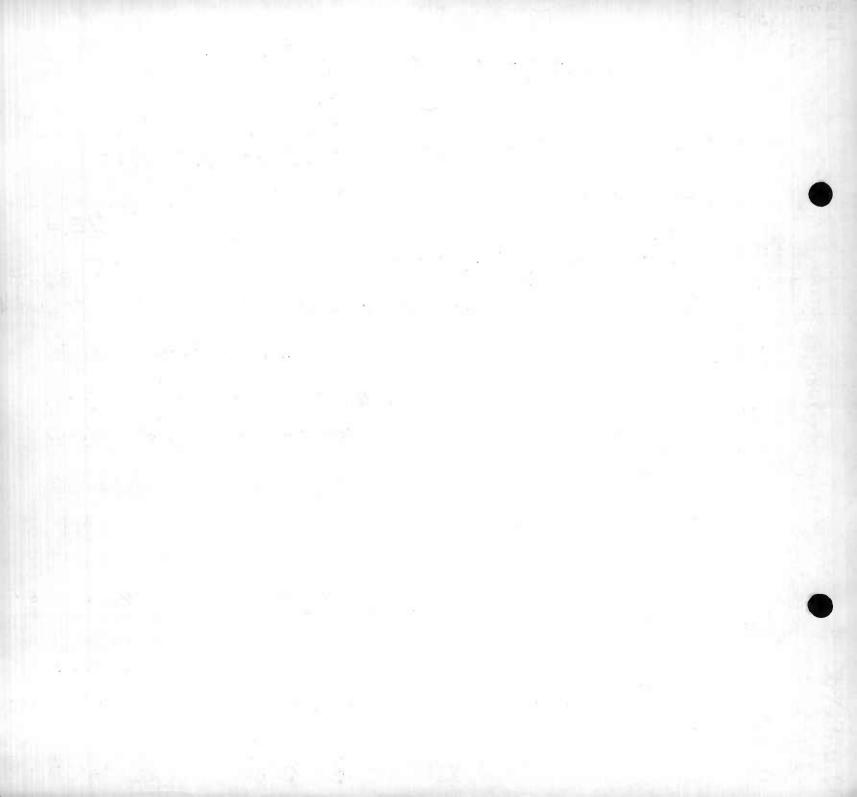
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1.	2002	RIPI	TH NO.	69	4180	CERTIFICA	TE OF DEAT	H REG. NO	69	43.00
E	deatl deatl deatl deatl sa th	1. N	AME OF DECEASE		Schu	HNN	2. DA'	120 69	1 /	1/30 M.
7	Dec of ath.	3. F	PLACE IN BALTIMO				4. USUAL RESIDENCE	Where deceased lived. If	institution: resider	nce before (ndmission)
m	hos Use (5) de	FUI HO	LL NAME OF	(IF NOT IN HOSPITADDRESS OR LOC	TAL OR INSTITUTION	ON, GIVE STREET	MARYLAND C. CITY OR TOWN	D. IN	SIDE CITY LIMITS	-64
3	cal cal se;			TIMORE CI	TY HOSPITA	ALS	BALTIMORE		YES XX	NO 🗌
1	att ior	3	491	O EASTERN	AVENUE		E. STREET AND NUME			
0	outied ar ar de.	E		TIMORE, M		21224	3502 ESTHE		.224	
0	ntrib rmin eguld ased s ma	5, S	1 100	1.1		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doy	r. If Under 24 Hrs.
90	occur ontrib regul ased	MI		TITE	WIDOWED	DIVORCED	6-26-88	80	112 CITIZEN	OF WHAT COUNTRY?
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1	s ind	1	ocomotive	Engr	B & O.		"aryland 14. MOTHER'S MAIDER		USF	1
4	wa wa	13.	FATHER'S NAME							
N =	lire h Hisparia			Schwinn			Sarah Nor	sworthy.	The Contract of	
2 4	ind ale	15. Yes	Was Deceased Ever , no or unknown) (If y	in U. S. Armed Fo es, give wor or dat	es of service)	SECURITY NO.	17. INFORMANT		ADI	DRESS
Z Z	ssiss the the de de de fine		NO		Separate Contract of	and controlled in	RECORDS-BCH-	-4940 EASTERN		ALTIMORE
PORTA	da da		18.4 12.	<i>†</i> I	, uj	CAUSE OF DEAT	H ARC	110		PROXIMATE INTERVAL
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ي ي	ar ba		heart failure, asthe injury ar camplica	enia, elc. Il means lian which cause	the distase,	3.7%				
CTOR	a com		ANTE	CEDENT CAUSES			ARRUT	HVELA	co	nned
7 5	A A P		DISEASES OR C	ONDITIONS, if	any, giving	DUE TO, OR A	A CONSEQUENCE OF:			
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S NERA	od od	ERTIFIC,	19A. DATE OF OPE	WAS PE	RED RALED	OPERATION	20A. AUTOPSY? (Yes	or No) 20B, IF YES, WER	AUSES OF DEA	HSIDERED TH?
2 2	by by by ce +	CER	21 A. ACCIDENT W	AS UNDERLYING	21 B. PL	ACE OF INJURY (e.g.,	in or about 21 C. WHERE Coffice bldg., INJURY OCC	OID (If in Boltim	ore City, give exc	oct location)
Y T	y the ital e; (2 her No p	¥	OR CONTRIBUTING DEATH (notify med	CAUSE OF col examiner	home,	farm, factory, street, o	office bldg., INJURY OCCI	J R?		
0	0 0 7 2 0	Did	21D. TIME (Mo	nth) (Doy) (Year)	(Hour) 21E. IN	JURY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
X	hos atuatu (6)	MEDI	OF INJURY		While	At Not Whi	le 🗍			
3	y n y n y n		22. I certify that	(I) (this basnite			DOA 4/20	1969ta		19
4	dd		that (I) (we) last					nd that in (my) (aur) a	ninian death a	
3	10 to						view the bady after de		Jiman deam d	ccorred an ine date
3	secsent spirit		23A. SIGNATURE	The cooses	de d	(did ildi)	view file bady difer de	, o i i i	23B. DATE SI	GNED
2	hos d		1	suce)) un	ALV KALL TOL.	ending Med.	Staff Phys.	1/	5-1/9
1	T d d d d d d d d d d d d d d d d d d d		23C. PHYSICIAN'S NAME (Type)			GEGREE TH	23D. ADDRESS		1	20/61
	An at at or o		1 20.0	R. BRUCE D	. SNYDER	_	BCH-4940 EAS	TERN AVENUE, I	BALTIMORE	L.MD
	A.A.	24A	BURIAL CREMATI			E of CEMETERY OF CE			City, town, or co	
	+ 0 6 -		Burial	4/2/1/1	69 M+	(armel (em	etery	Baltimore, M	anuland	
	This cer the bod shows: was D. deceas		. DATE REC'D BY H	HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIR	CTOR	a cycler at	ADDRESS
	This the show was dece	11	ADE	2 1060	10 9 6	9500 mg	John A. Al	ran Inc. 300	0 E R-	/+:
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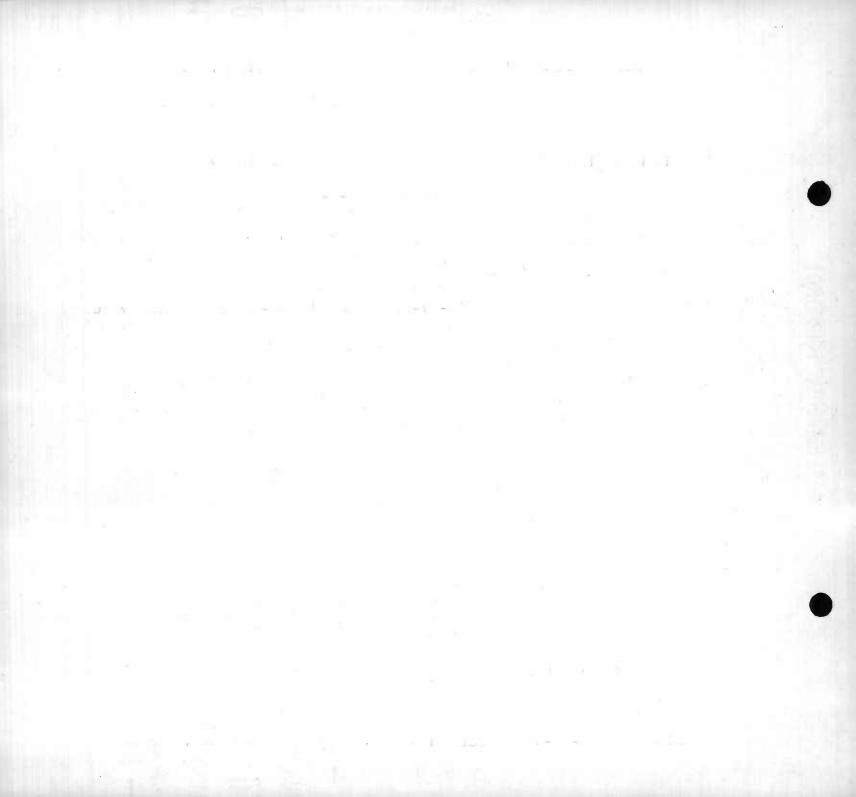
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D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA Hammondtree ADDRESS 212-07-2773 Ruth O'Neal- 4006 Fernhill Avenue #7 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ond that In (my) (and opinion deoth occurred an the dote 23 B. DATE SIGNED (City, town, or county) deceased written a Baltimore, Maryland SD M ADDRESS VS 150-REV. 1/1/6B



			69	418		HEALTH DEPARTMENT		69 4185			
		TH NO.	00	410	CERTIFICA	TE OF DEATH	REG. NO	00 4100			
		PAME OF DECEASE	D			2. DATE	AND HOUR OF DEATH	1 11-			
	LÏ	REV. N/	ALTER D	SPEN	CER	4	122 /69	1 6 3 AM			
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (W	here deceased lived. Il i	nstitution: residence before odmission)			
	FU	LL NAME OF	UE NOT IN HOSPIT	AL OP INSTIT	UTION CIVE STREET	143	BAZTO				
	HC	SPITAL OR	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY CIMITS?			
2	7					BALTO, CO. YES XXXX					
2	1.		11	200		E. STREET AND NUMBER					
6	1	YERCY	HOSPI	TAL		4211 BELVIOU AVE					
3	5. 5	SEX 6. RA	ACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In vents	If Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.			
	N	Mele White WIDOWED DIVORCED				2/6/99	lost birthdoyl	Months Doys Hours Min.			
	10A	USUAL OCCUPATI	ON (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Side or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?			
To line of the	900	e during most of workin	g life, even if refired)	-		N.C.					
	13.	FATHER'S NAME	77///			14. MOTHER'S MAIDEN N	AAAF	USA			
			PENCER	2							
	16.1						OTHER	XXXXXXXX Muelle:			
	(Yes	Was Deceased Ever	in U. S. Armed Fore	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
		NO			212-28-7289	Elenora Spen	cer-4211 Be	lvien Avenue			
		18. 4 / 7	Effect		CAUSE OF DEATH	I Dienora Spen	CCI-IDII DC	APPROXIMATE INTERVAL			
,		DISEASE OF	CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH			
			ING TO DEATH		(A) IMMEDIATE CAU	SE CAPDIO	- RESP. AR	Pest min.			
		(This does not mean the made of dying, e.g., heart failure, osthenio, etc. It means the disease,									
		injury or complication which coused death.)									
5	ANTECEDENT CAUSES ASCUS							481.			
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:										
3		nise to the ab	ave couse (A)	stoling the	(a)						
	\V/										
	Z	OTHER SIGNIFICAN	II CONDITIONS CON	ATRIBITING							
2	¥.	TO THE DEATH BUT DISEASE OR CONDI	NOT RELATED TO TH	IE TERMINAL	************	*********************					
	FIC.	19A. DATE OF OPER	ATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED			
	CERTIFICATION	0 -	WAS PERF	ORMED			IN CERTIFYING CA	USES OF DEATH?			
		21A. ACCIDENT W.	AS UNDERLYING	218,	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimor	re City, give exact location)			
	₹	DEATH (notify medic	col exominer) ~	etc.)	e, form, foctory, street, on	ice stage, INJURY OCCUR!	-				
	MEDICAL	21 D. TIME (Mon	nth) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?				
	2	(APPROX.)		Whi	le At Not While			/			
				Wor			60	4/29 10			
		22. I certify that (I) (this hospital) attended the deceased from 19 to 19									
		that (1) (we) lost saw the deceased alive on									
		and how and from the couses stoled above (1) (We) (did) (did not) view the bady after death.									
		23A SIGNATURE	8	. 11	- 18		7.2	23B, DATE SIGNED			
		W XIU	au !	Meller	4 DEGREE Phys.	ding Med.	Staff Phys.	4/25/69			
		23C. PHYSICIAN'S NAME (Type)				3D. ADDRESS		7-2/0/			
			AN B.	OLLIN	(1) C						
	24A	BURIAL CREMATIC	DN. 248. DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Ci	ly, town, or county) (State)			
	-	REMOVAL (Specify	1								
		urial DATE REC'D BY H	4-25-6	1100	don Park Cer		iltimore, Ma				
				25B. NAME 0		25C. FUNERAL DIRECTO		ADDRESS			
	Vs 1	150-REV. 1/1/6B			5 galaxas	Armagost Fu	meral Chape	el-4600 Liberty Hts			
	4.9	100-116 TO 1/ 1/ 08									

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VS 150-REV. 1/1/68

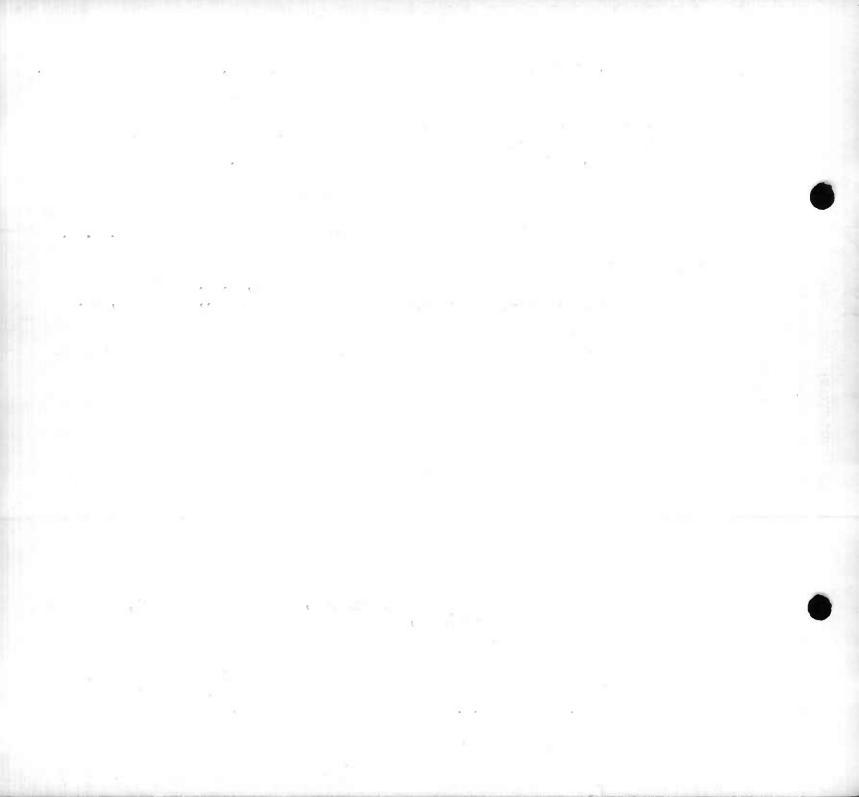
the

69 4-	BALTIMORE CITY	HEALTH DEPARTMENT		69 4186		
BIRTH NO.	L86 CERTIFICA	TE OF DEATH	REG. NO.	00 1100		
I. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH			
WILLIS. FIETCHER JO	OHN	April	22, 1969	1:45 A. M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE IWhere	deceased lived. Il insti	itution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland Bal	timore	28-41		
INSTITUTION Veterans Administration	tion Hospital	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
7 3 3900 Loch Raven Bou.	levard	Baltimore,		YES NO .		
Baltimore, Maryland		4607 Haddon Ave.				
Male Caucasian WIDON		9-18-1899	69	If Under 1 %. Il Under 24 Hrs. Months Doys Hours Min.		
10A. USUAL O CCUPATION (Give kind of work 10B, KIN done during most of working lile, even if relired) Mechanic Jaylee Director Uni	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loseign	country)	U. S. A.		
13. FATHER'S NAME	2230 1122	14. MOTHER'S MAIDEN NAME				
Daniel Willis		Hatty Woods				
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wer or dotes of services) Yes 2-23-18 to 3-15-		3900 Loch Raven Blvd., Baltimore, Md.				
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise injury ar complication which caused death.)	8.9. DUETO OR AS	(A)IMMEDIATE CAUSE Cor pulmonale DUE TO, OR AS A CONSEQUENCE OF:				
ANTECEDENT CAUSES	(B) Pulmon	nary arterial hyp	6 years			
DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last.	active emphysema	10 years				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a),	6 years					
198. CONDITION WAS PERFORMED	NDINGS CONSIDERED SES OF DEATH?					
OR CONTRIBUTING CAUSE OF DEATH (notify modicol examine)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(Il In Boltimoro	City, give exect location)		
OF INJURY (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?			

years 10 years 6 years CONSIDERED o exect location? (APPROXI Work At Work 22. I certify that ()(this hospital) attended the deceased from. November 6. 1968 to April 22 that (M (we) last saw the deceased alive an Anril and that in (1600) (our) apinian death occurred on the date and hour and fram the causes stated above. II) (We) (did) (did was) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director Staff Phys. April 22, 1969 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 3900 Loch Raven Boulevard Baltimore, Maryland
|24D. LOCATION | City, 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY City, town, or county) (Stote)

25C. FUNERAL DIRECTO

ADDRESS

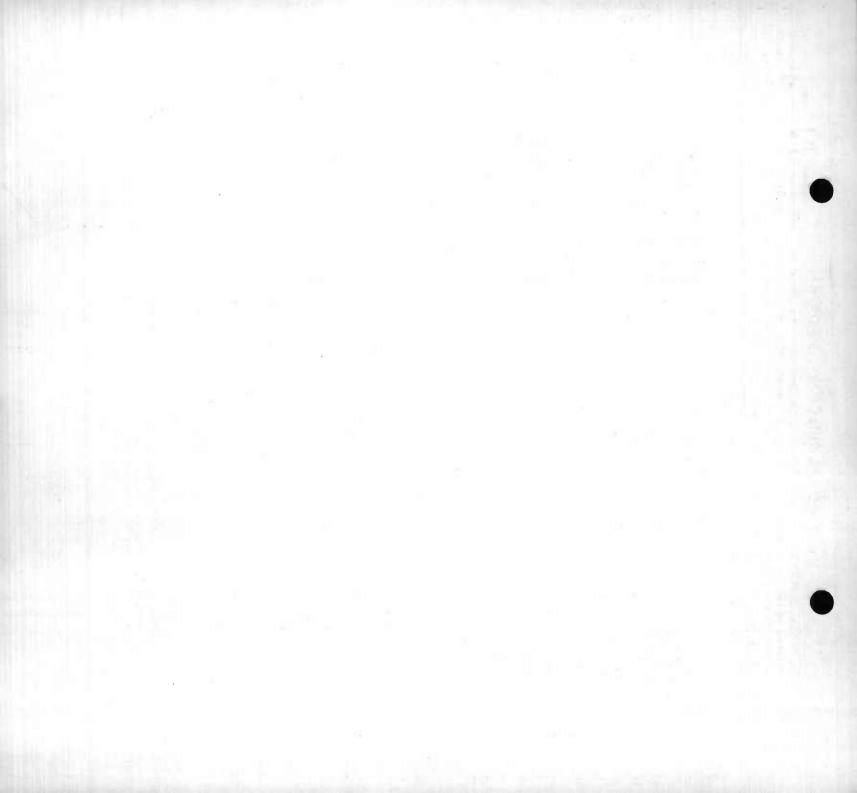


BALTIMORE CIT	TY HEALTH DEPARTMENT							
BIRTH NO. 69.07121 69 418 CERTIFICA	ATE OF DEATH REG, NO. 69 4187							
I. NAME OF DECEASED	2 DATE AND HOUR OF DEATH							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	1/4 PM 4/22/69 M							
	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D INSIDE CITY HMTS?							
22 JOHNS HOPKINS HOSPITAL	D. INSIDE CITY LIMITS? YES THE NOT							
	E. STREET AND NUMBER							
	1816 E. 15100CE ST							
E MARKIED NEVER MARRIED	Months Days Hours Min.							
10A. USUAL OCCUPATION (Give kind of work LOB KIND OF BUSINESS OF INDUSTRI	Y 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY							
done during most of working life, even if retired) 13. FATHER'S NAME	BALT MA USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
7	CAROLYN JOHNSON							
15. Wos Deceased Ever in U. S. Armed Forces? [Yes, no or unknown) [If yes, give wor or dotes of service] 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS							
NO SECURITY NO.								
CAUSE OF DEA								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH							
(This does not mean the mode of dving e.g. (A) IMMEDIATE CA								
heart foilure, asthenio, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF: 7. SEPSIS OR							
ANTECEDENT CAUSES	NTRACRANIAZ BURED 3-4 Augo							
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:							
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING TO 121B BLACE OF INJUNY								
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19.4. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH? NO							
THE PARTY OF THE P	In or a bout 21C. WHERE DID (If in Boltimore City, give exact location)							
DEATH (notify medical examiner) Contribution CAUSE OF home, form, foctory, street, or etc.) Contribution CAUSE OF home, form, foctory, street, or etc.) Contribution CAUSE OF home, form, foctory, street, or etc.) Contribution CAUSE OF home, form, foctory, street, or etc.) Contribution CAUSE OF home, form, foctory, street, or etc.)								
OF INJURY OF INJURY A Control Control	21F. HOW DID INJURY OCCUR?							
Work At Work								
22. I certify that (I) (this haspital) attended the deceased from 19 6 to 22 19 6 to 1								
that (i) (we) last saw the deceased alive an 19 and that in (my) (aur) opinion death occurred on the date								
and hour and from the causes stated above. (1) (16) (did (did not) view the bady after death.								
AH0	andling Med. Stoff Phys. 238. DATE SIGNED							
DEGREE	s. Director Phys. 22 6 9							
KONALD O. KIEDER	John Hooking Loop del							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (Stotel							
Cremation 4/22/69 The Johns Hopk	kins Hosp. 601 N. Broadway Balto., Md.							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS							
APR = 3 1969 12 20 6 2 Jankey 14	- BOSER E - MSTUSA							

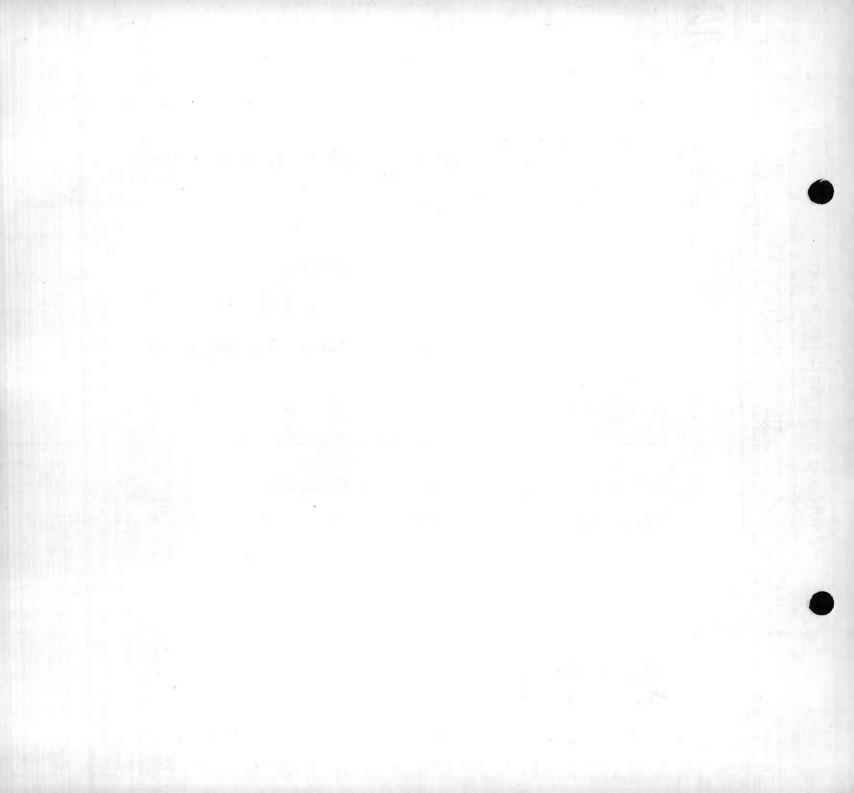


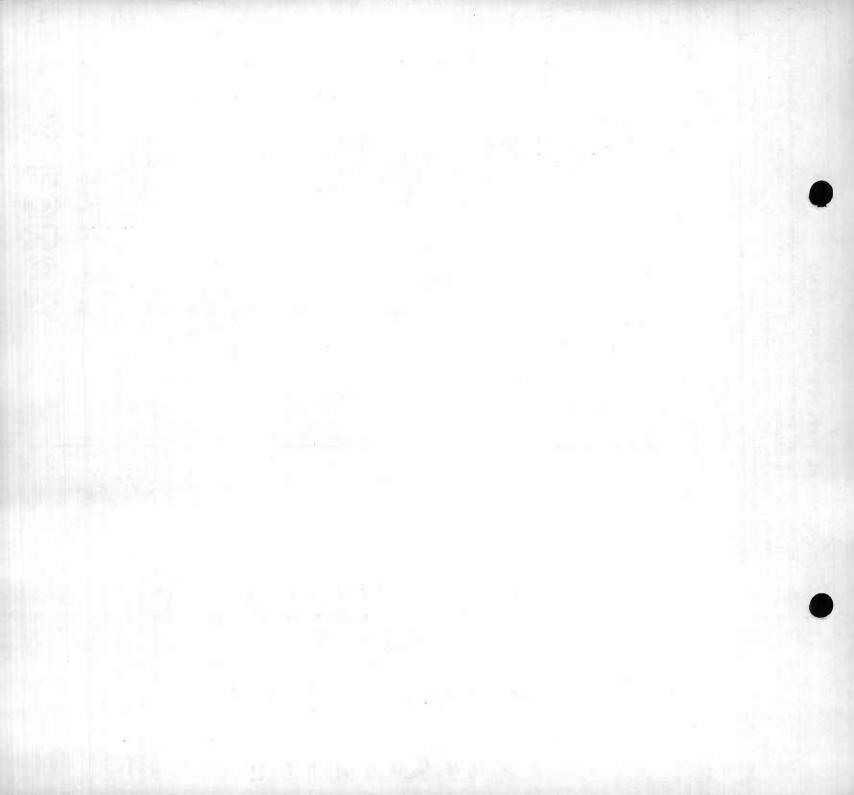
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VS 150-REV. 1/1/68

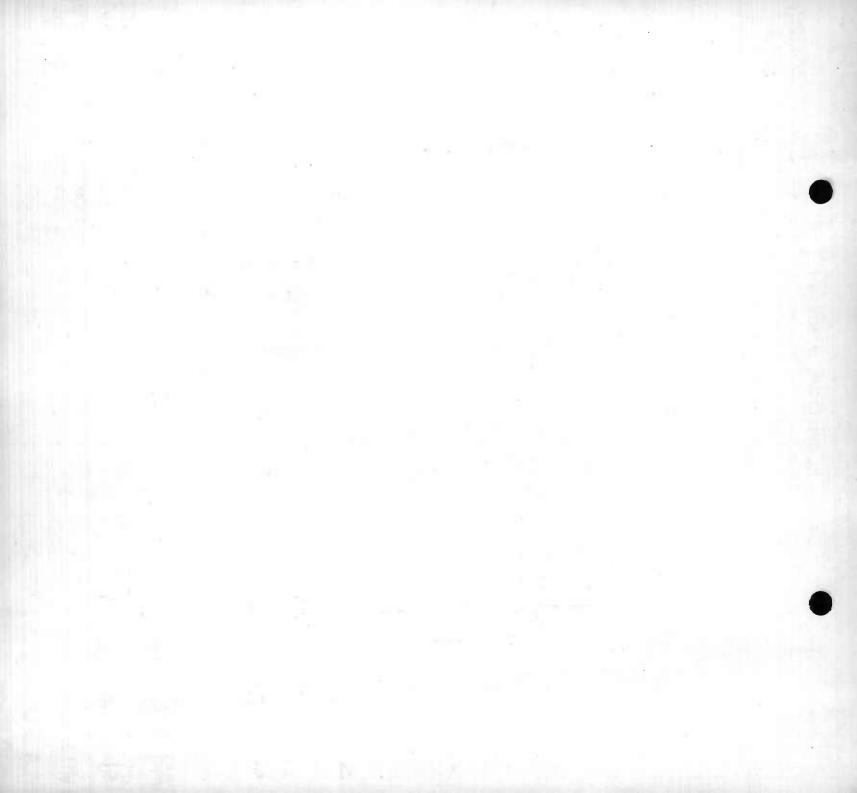


VS 150-REV. 1/1/68





VS 150-REV. 1/1/6B



BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROVIMATE INTERVAL

BETWEEN ONSET AND DEATH

If Under 24 Hrs.

VS 150-REV. 1/1/6B

Ling day may prove 3-28-69 10 M Correte superties James, allen South adding for in 19 19 to Carled Mary shall Promotority Perender & 5 - A Protessor James

of death Deceased BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) hospital 4. USUAL RESIDENCE (Where deceased 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (2) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR CLEY OR TOWN cause; 0 contributing occurred P made. Undetermined ar 9. AGE (In years 5. SEX NEVER MARRIED 7. MARRIED ased regul ost birthdoy WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stofe or foreign country) disposition done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S 9 IMPORTANT 00 15. Wes Deceesed Ever in U. S. Anned Forces? eat 17. INFORMAN SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, DIRECTOR: ular injury at camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving la the abave cause (A) stating the UNDERLYING CONDITION last. remains Was FUNERAL CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes ar No) 0 WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? °Z MEDICAL to the hospital DEATH (notify medical examiner) nature; obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX.) Work At Work any 22. I certify that (1) (this hospital) attended the deceased from 19 that (i) (we) lost saw the deceased alive on 19and that in(my) (our) opinion death occurred on the date death) hospital ond hour ond from the couses stated obave. (1) (We) (did) (did not) view the bady ofter death. must 23 R. DATE SIGNED Attending X Med. Staff 0 written approval Director Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) 24A. BURIAL CREMATION, 24B. DATE CREMATORY eceased o the body REMOVAL (Specify) shows: -10 SID 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR FUNERAL DIRECTOR 3 T

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT D. INSIDE CITY LIMITS? NO YES If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Baltimare City, give exact location)

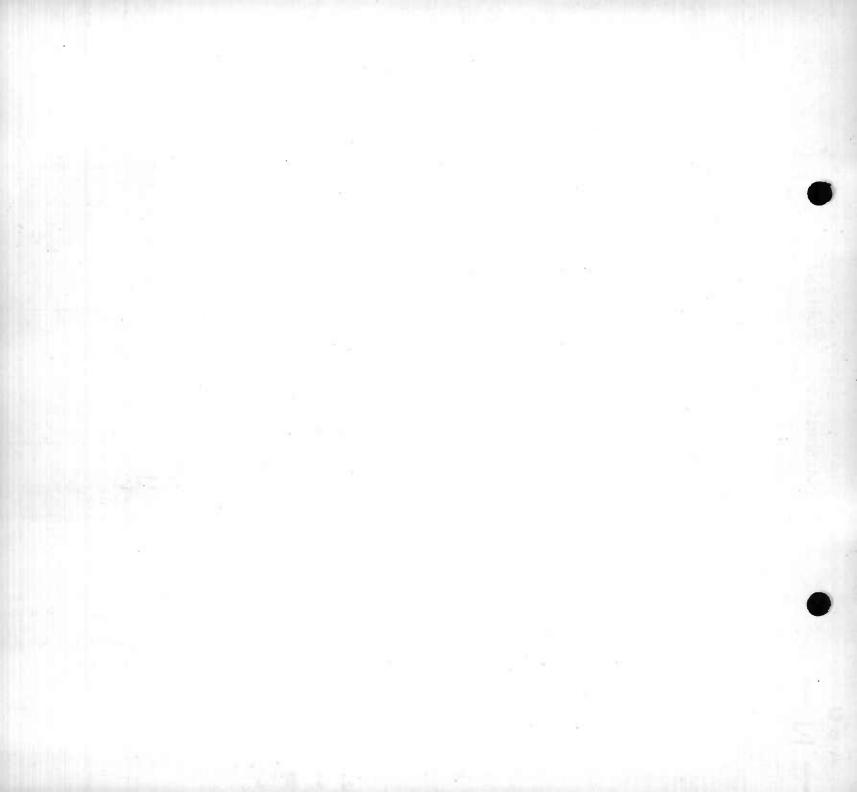
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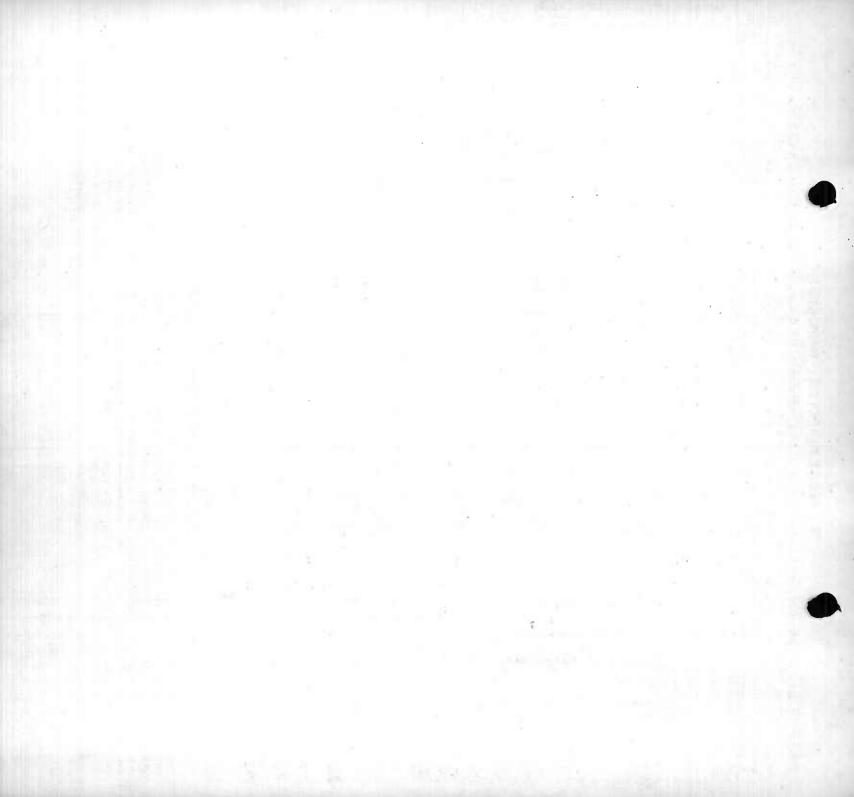
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	de Doe	3. F	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived If institution: residence before admission) A. STATE B. DOUNTY
	7.70	HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
	B 8 6 544	1	P. STREET AND NUMBER
	ting d cau r att prior	1	NION MEMORIAL HOSP, TAL PARETUILL PARA. DOX 13
	ribut ninec gutar ed p	S. S	Months Doys Hours of Min.
	on on on re- re- is		USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or Infreign country) 12. CITIZEN OF WHAT COUNTRY
	or c ndet indet dec	done	e during most of working tite, even if retired)
	oct of the was	13.	PATHER'S NAME
Z	His dis	15, 1	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
I	istan he d kind; deat ce o	(Yes	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
MPORTAN	if the iny ed		18. 7 7 6 A BETWEEN ONSET AND DEATH
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OR	iner ract ract pula		ANTECEDENT CAUSES Results of the state of t
5	A fr who reg		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
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	dica dica urns, ysici was	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 72 The ali and and all 1612
ERA	- × - 0		TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
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Ŧ	tal be; (2) here	-	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) (If in Boltimore City, give exact location)
	a by spitture; ture; b N 6) N ed b	AEDIC	21D. TIME (Month) (Doy) (Yee) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX) While At Not While
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	approtection that the the that the the that the the that the the that the the that the the that the the the the the the the the the th		22. I certify that (I) (this haspital) attended the deceased fram
	sed to		and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.
	must be celeased tracident of hospital to death;		23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff 1/12/9
	E a C a t a	F	23C. PHYSICIAN'S NAME (Type) Phys. Director Phys. 4/02/6/
	ificate y was r 1) An a 3.A. at d d prior		GEGREE A 19 4 M A M A M A M A M A M A M A M A M A M
	F-000-	24A	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	This cer the bod shows: was D.G decease	25 A	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	This the bashow was dece		APR 34 1969 12 0 6 2. talker MORTUARY SERVICE - BUILD
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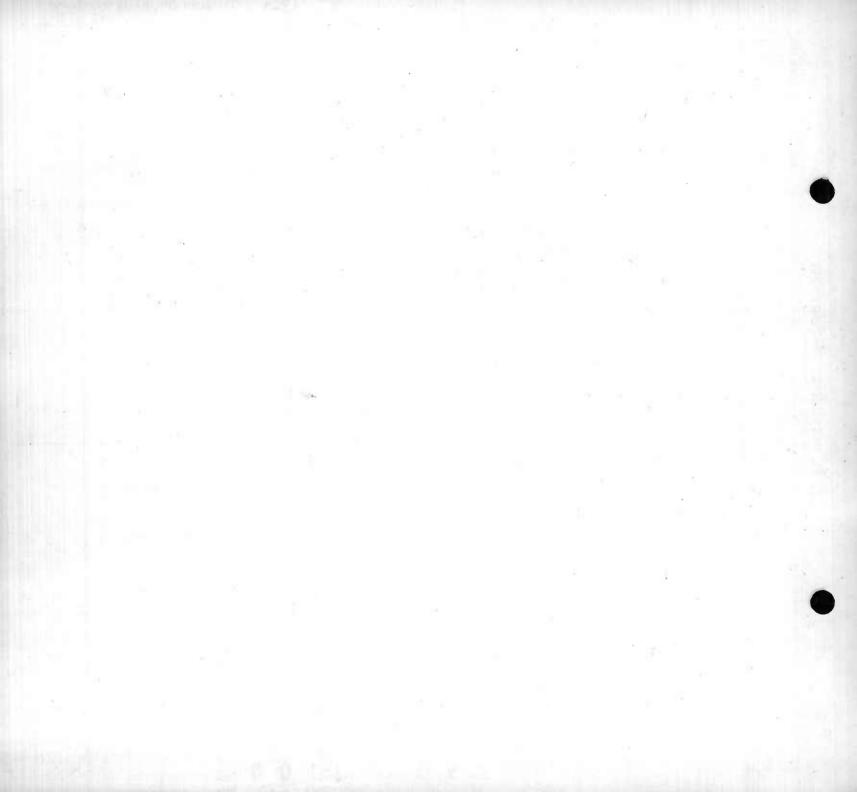
BALTIMORE CITY HEALTH DEPARTMENT

the body was released deceased shows: Was

VS 150-REV. 1/1/6B

tf Under 1 Yr. If Under 24 Hrs. Months Doys 12. CITIZEN OF WHAT COUNTRY? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exoct location) ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED

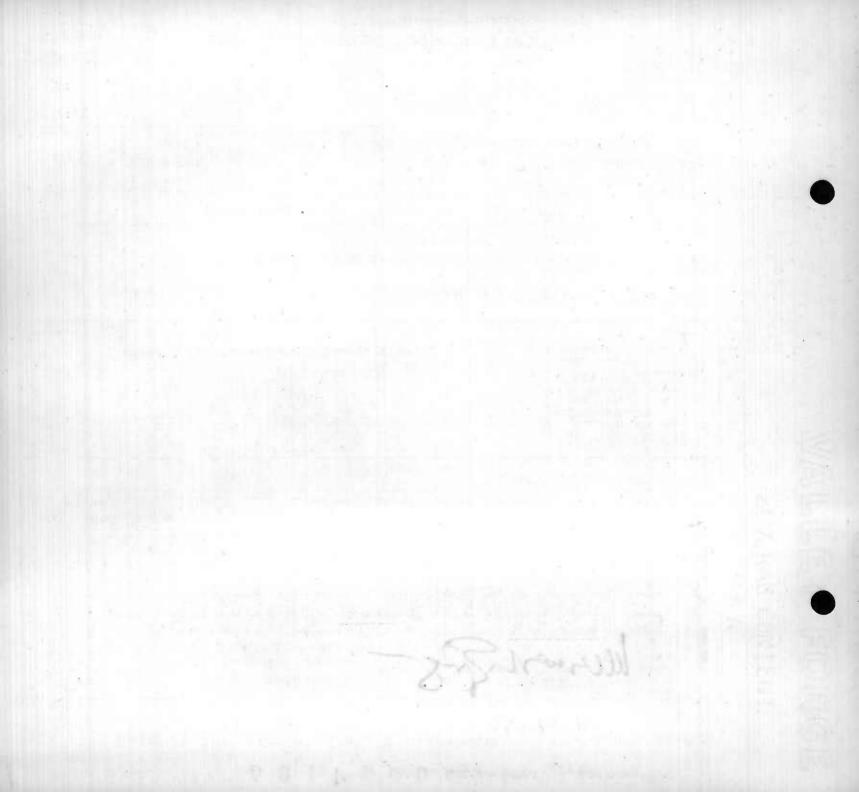
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69 4197 BALTIMORE CITY HEALTH DEPARTMENT 69 4197

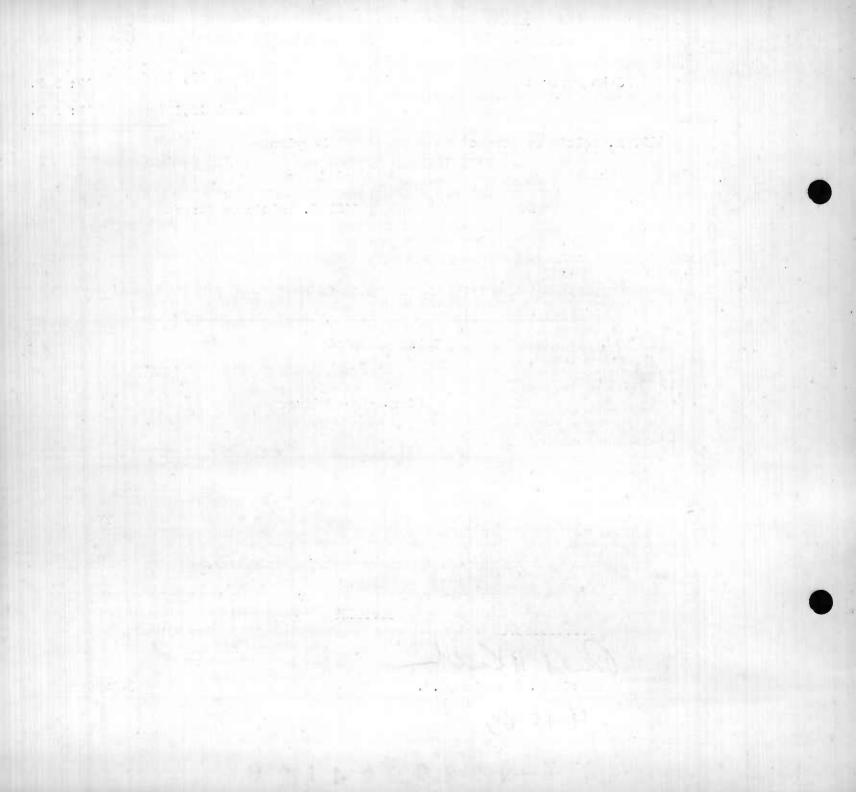
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NAME OF DE	CEASED			2. DATE	Known 🗍	Month	D	Yeor	Tu.
T	Sidney Thomas	Cofiler		OF		3	15	1969	Hour TOM
	LTIMORE, MARYLAND,		OUNCED DEAD	3. DATE	Estimoted 💢				12:15PM
ULL NAME OF	(IF NOT IN HOSP ADDRESS OR LOG			JNCED DEAD	Month 3	15	1969	12:15PM	
OR INSTITUTION F	eier 4, Pratt			5. USUAL R	ESIDENCE (Where	deceosed	B. COUNT		pefore odmission)
. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR			TD INSIDE	CITY LIMITS?	0
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one during most of	JPATION (Give kind of wo working life, even if retired	rk 148. KIND OF	BUSINESS OR INDUSTR	RY 15. MOTHE	R'S MAIDEN NAM	WE			
6. WAS DECEAS Yes, no or unknown	(If yes, give wor or dote	ED FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS	
19.7 / . ~	1		CAUSE OF DEA	ATH				AP	PROXIMATE INTERVAL
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A	NTECEDENT CAUSES		(8)						
DISEASES	OR CONDITIONS, IF ALL E ABOVE CAUSE (A) ST	NY, GIVING	(B)	AS A CONSE	QUENCE OF:				
UNDERLYII	NG CONDITION LAST		(c)						
OTHER SIGN			(C)						
O THE DE	II NIFICANT CONDITIONS : ATH BUT NOT RELATED T	O THE TERMINAL							
	CONDITION GIVEN IN		TANKE COLORS AT LOCAL DA	U.C. DEDEADA					
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) ye	S
UNDERLYING	NAL CAUSE WAS	228. hom	PLACE OF INJURY (e.g. e, farm, foctory, street, offi	ice bldg., etc.)	2C. WHERE DID (NJURY OCCUR?	(If in Boltimo	re City, give	exoct locotion)	
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SIGNAT		n II Sni	M.D.		CIATE MEDICAL E	YAMINED		March	16,1969
NAME (Type)	r. o. phi	M.D.	A330	A 7 1	THE T	DUDO	AE II	A DEFE A BUT
4A. BURIAL CRE	MATION, 248. DATE	24	C. NAME of CEMETERY	ar CREMATO	PRY 11 1 24D.	LOCATION	(City, to	own, or county	(Stote)
REMOVAL (Spec	ify) (1-1	1110			TIMETER	CITY	MED	TOTAL	CCHOOL
C. DATE DECID	4-1	4-67	OF DECICEDAD	105-	UNINE). <u>I</u>	di	ADDRESS	701191
DAL DATE REC'D	BY HEALTH DEPT.	258. NAMI	OF REGISTRAR	25C.	UNERAL DIRECTO	JK .	with the	ADDRESS	CHD
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F-655

69 4198 BALTIMORE CITY HEALTH DEPARTMENT

	EXAMINER'S	CERTIFICATE OF DEAT	TH REG. NO.	9 4198					
1. NAME OF DECEASED (Type or Print) John Freeman		2. DATE Known Month OF Estimated March	13, Day 1969	Year Haur 12:25 P.M.					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL ADDRESS OR LOCATION)		3. DATE Month Day Year Hour PRONOUNCED DEAD March 13,1969 12:25 P.							
or INSTITUTION 1127 E. Baltimore Str		5. USUAL RESIDENCE (Where deceased A. STATE Maryland	lived. If institution: resid B. COUNTY	3-62					
6. SEX MARRI White WIDOW	ED NEVER MARRIED DIVORCED DIVORCED	c. CITY OR TOWN Baltimore	D. INSIDE CITY LIF	NO 🗆					
9. DATE OF BIRTH 10. AGE (In years last birthdov) 0	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER 1127 E. Baltimore Street							
11. BIRTHPLACE (State or fareign cauntry)	2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME							
14A.USUAL OCCUPATION (Give kind of wark) 14B. KIND dane during most of warking life, even if retired)	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME							
16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no ar unknawn) (If yes, give wor ar dates of service)		18. INFORMANT	ADDRE	S\$					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION F	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: BUE TO, OR AS A CONSEQUENCE OF: (C)								
	OR WHICH OPERATION W	AS PERFORMED	AUTOPSY? (Yes ar Na) yes						
UNDERLYING OR CONTRIBUTION UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Haur OF INJURY (APPROX.) 23. I certify that I held an Inquiry resulted from: Natural causes X ACTUAL SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE	DATE SIGNED /14/69 COUNTY) (State)								
25A. DATE REC'D BY HEALTH DEPT. 25B. No. 1969 25 1960 25 1960	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRE	BCHD					

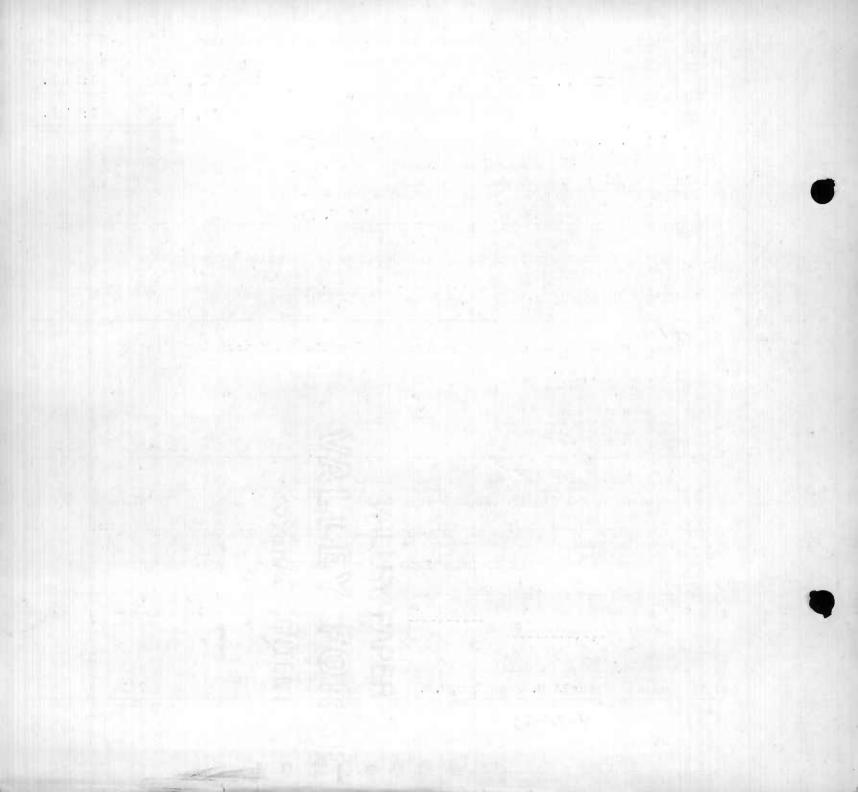


I-620

69 4199 BALTIMORE CITY HEALTH DEPARTMENT

69 4199

Bi	RTH NO.		MED	ICAL	EXAMIN	IER'S (CERTIFI	CAIE	OF DE	EAIF	REG. NO		
1.	NAME OF DEC	EASED ARTHUR	J.	IRISH			2. DATE OF DEATH	Knawn Estimate	□ Mo	ch 1	4, ^{Doy} 1969	Year	1:30 P.
						3. DATE	UNCED DE		onth .	Doy	Year	Hour	
HC	LL NAME OF SPITAL INSTITUTION	ADDRE	SS OR LOCA	LORINSTI	TUTION, GIVE STI	REET			rate		, 1969		1:30 P. M.
(N. Dia	mond				A. STATE M				d. If institution: COUNTY	residence	fere admission)
- 11	SEX	7. RACE		B. MARRII	ED NEVER N	ARRIED	C. CITY OF	imore			D. INSIDE CIT	Y LIMITS?	
Male White WIDOWED ☐ DIVORCED ☐							YES	s 🗌	NO 🗆				
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min.					Diam								
11.	BIRTHPLACE (S	tate or fareig	n country)		2. CITIZEN OF	į	13. FATHER		iona				
					WHAT COUN	ITRY?							
	A.USUAL OCCU			14B. KIND	OF BUSINESS C	R INDUSTR	Y 15. MOTHE	R'S MAIDE	N NAME				14-14
	WAS DECEASI					L ITY NO.	IB. INFOR	MANT			AD	DRESS	
H	19. 11 13				CAL	ISE OF DEA	TH				-		PPROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DIREC	CTLY		Arteri	osclero	tic ca	rdiova	scul	ar dise		WEEN UNSEL AND DEATH
		LEADING TO	DEATH			IMMEDIATE							
	heart failure,	ot meon the osthenia, etc. plication which	. It means the	disease,		DUE TO, OR	AS A CONSEC	UENCE OF:					
	1A	NTECEDENT	CAUSES		/p\								
	DISEASES C	OR CONDITION	ONS, IF ANY	, GIVING	(B).	DUE TO, OR	AS A CONSE	QUENCE O	F:				
z	UNDERLYIN	G CONDITI		IIIO IIIE	(c).	b					~~~~~		
CERTIFICATION			II				- 19						
<u>∑</u>	OTHER SIGN	IFICANT CON	RELATED TO	THE TERMII									
RTIF	20A. DATE OF	OPERATION			OR WHICH OPE	RATION W	AS PERFORM	AED				21. AUTC	OPSY? (Yes or No)
CE	0												
K		NAL CAUSE		2	2B. PLACE OF I	NJURY(e.g.	, in or about	22C. WHER	E DID (If in I	Boltimore	City, give exoc		10
EDG	UNDERLYING UTING CA				nome, farm, foctar	y, street, offi	ce bldg., etc.)	NJUKY OC	CUR?				
Σ		(Month) (D	Ooy) (Year) (Hour	100		C	22F. HOW	DID INJURY	OCCUP	??		
	(APPROX.)	1			m. WHILE AT WORK		WORK		1				
-0	23.	ify that I h	eld an L	nguiry [Inspectio	n 🖼 A	utopsy 🗍	and the	at on this h	basis, d	eoth in my	opinion	
	0%	ed from: N			Accident			omicide [7		ed monner		
Ł		7		10.	1 /	11			DICAL EXAM	r			
	ACTUAL	IDE //	enter	11	1 Court	M.I	ASS		DICAL EXAM		X		DATE SIGNED
	EXAMIN	ER'S	111		1.1			CIATE MEI	DICAL EXAM	AINER [2/1//	260
2.	NAME (T		onald I	. Kor	nb lum, M.		OF CREMAT	DPV	24D. LOC	ATION	(City, town,	3/14/	
	MOVAL (Speci			-69	Z4C. NAME OF	CLIMETER	OF CREMIATI		3.15	7 110	teny, rown,	or county	CCTON
24	A. DATE REC'D	DV HEALTH			AME OF REGIST	DAD	Izec	FUNERAL I		in Flore.	Ar	DRESS	DUNUUL
23	A. DATE KEC'D	DI HEALIH		235. 197	AME OF REGIST	O. P.	250.	MARKALI	TRECTOR	7 (3.5)	DIMEG	,DRE33	CHR
		APR Z	4 1959	10.2	DV2 300	Christy,	04	3 4 6)]	121		4	PORAD
VS	151-REV. 1/1/68												



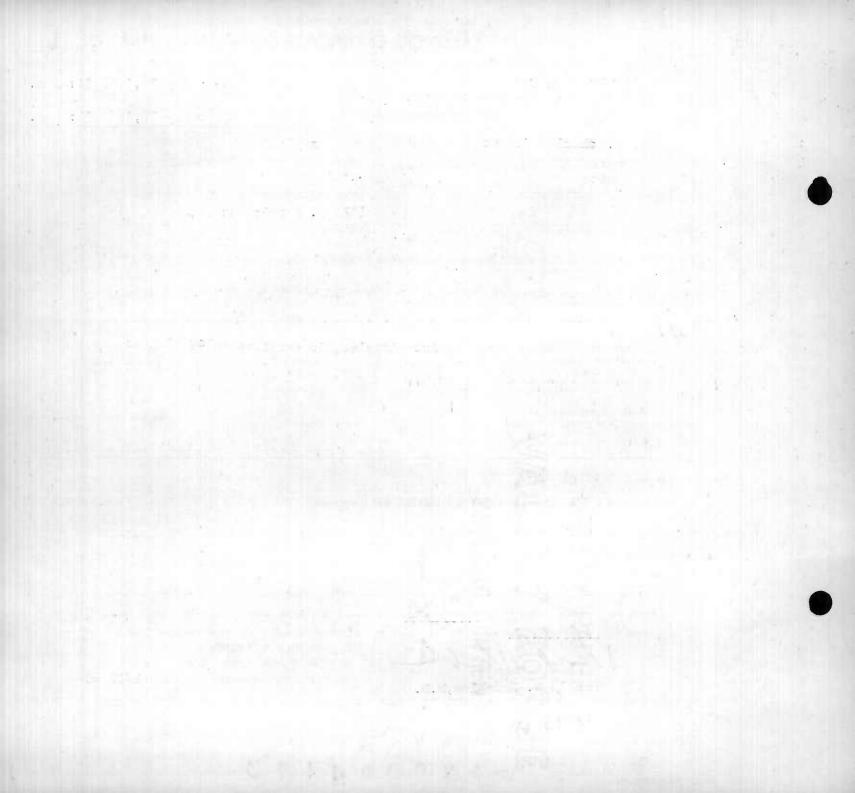


C-653

69 4201 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF I	DEATH
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MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 4201
1. NAME OF DECEASED ((Type or Print) ALBERT CRANDALL	2. DATE Known
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE PRONOUNCED DEAD Month Doy Yeor Hour February 16, 1969 11:45 A.M.
1829 N. Charles Street	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs lost birthday) 84	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	1B. INFORMANT ADDRESS
LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	CAUSE AS A CONSEQUENCE OF: RAS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (Approx)	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) injury occur? 22F. HOW DID INJURY OCCUR?
I certify that I held an Inquiry Inspection X A	ASSOCIATE MEDICAL EXAMINER 2/17/69
VS 151-REV. 1/1/68	MGRIDIAGY SERVICE BCHD



VS 151-REV. 1/1/6B

69 4202 BALTIMORE CITY HEALTH DEPARTMENT

69 4202

BIF	TH NO.		WE	DICAL	EX	CAMINER'S	CERTIFI	CATE OF	DEA.	TH REG. NO.		7 1202
(Tyl	NAME OF DEC		BRANDL			ONICE UNCED DEAD	2. DATE OF DEATH 3. DATE	Known Estimoted	Month Febru	ary 5, 1	Yeor .969	Hour M.
FUL	L NAME OF SPITAL INSTITUTION	(IF N		AL OR INST		N, GIVE STREET	5. USUAL R	ESIDENCE (When		lived. If institution	.969 : residence	1:11 P.M. before admission)
	Fran	nklin	Square	Hospi	tal	(DOA)	A. STATE	Maryland		B. COUNTY	0	11-02
6.	Male	7. RACE Ne	gro	B. MARR	_	NEVER MARRIED DIVORCED	C. CITY OF	Baltimor	e	D. INSIDE CI	TY LIMITS?	№ □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.						E. STREET	220 Amit	y Stre	et			
11.	BIRTHPLACE (S	tote or fore	eign country)			TIZEN OF HAT COUNTRY?	13. FATHER			I SELE		
	USUAL OCCUI during most of w				OF B	USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME			
	WAS DECEASE s, no or unknown)					17. SOCIAL SECURITY NO.	1B. INFOR	MANT		AC	DDRESS	
	(This does no heart failure, Injury or com	EADING the ostherio, esplication will	IDITION DIRI TO DEATH e mode of d ttc. It meons th hich coused de IT CAUSES TIONS, IF AN	ying, e.g., e diseose, e oth.)		(B)	Lerotic CAUSE AS A CONSEC		scular	disease		ween onset and death
NO	RISE TO THE	ABOVE C	AUSE (A) STA	ATING THE		(c)						
CERTIFICATION	TO THE DEA	TH BUT NO	II ONDITIONS C OT RELATED TO N GIVEN IN I	THE TERM								
	20A. DATE OF	OPERATIO	ON 208. CO	NDITION	FORV	VHICH OPERATION W	AS PERFORA	AED			21. AUTO	NO
MEDICAL	22A. EXTERI UNDERLYING UTING CA		NTRIB-			LACE OF INJURY(e.g., farm, foctory, street, offic			(If in Boltim	ore City, give exo	ect location)	
Σ	22D. TIME (OF INJURY (APPROX.)		(Doy) (Yes	or) (Hou	'		WHILE	22F. HOW DID IN	NJURY OC	CUR?		
		JRE C	Natural co	J. e	Tin	Suicident Suicident M.D. Suicident M.D.	ASS	OMICIDE CHIEF MEDICAL STANT MEDICAL DCIATE MEDICAL	Undetern EXAMINER EXAMINER EXAMINER	□ Feb	ruary	DATE SIGNED 6, 1969
	A. BURIAL CREA MOVAL (Specif		24B. DATE	5-65	240	. NAME of CEMETERY	or CREMATO	DRY 24D	LOCATIO	N (City, town	, or county	(Stale)
25.	A. DATE REC'D	BY HEALTH			AME (OF REGISTRAR	25C.	FUNERAL DIREC	TOR	A	DDRESS	HD

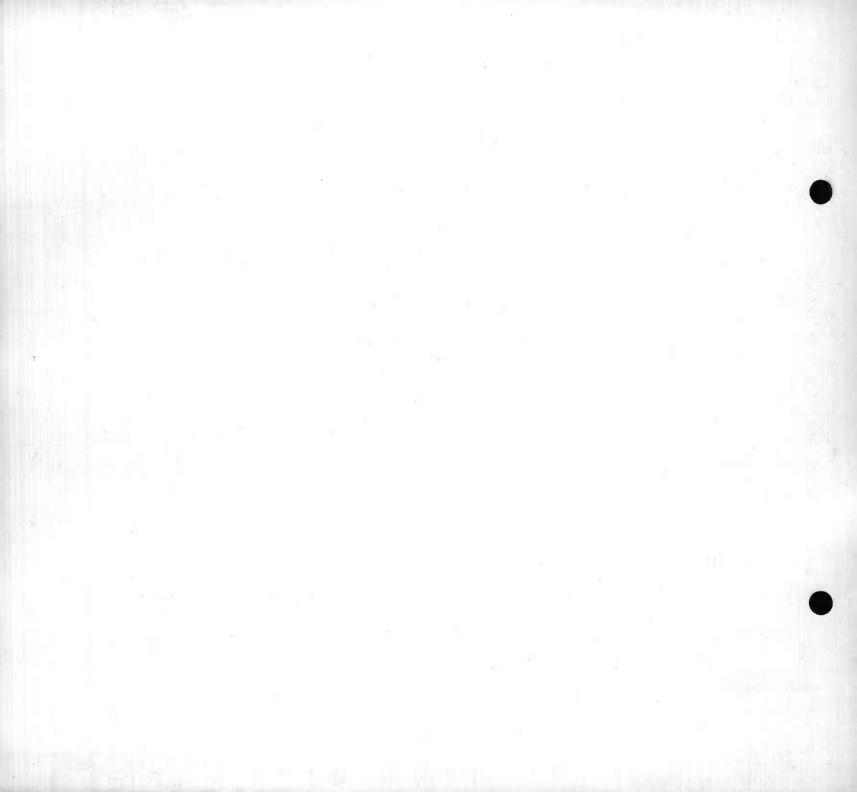
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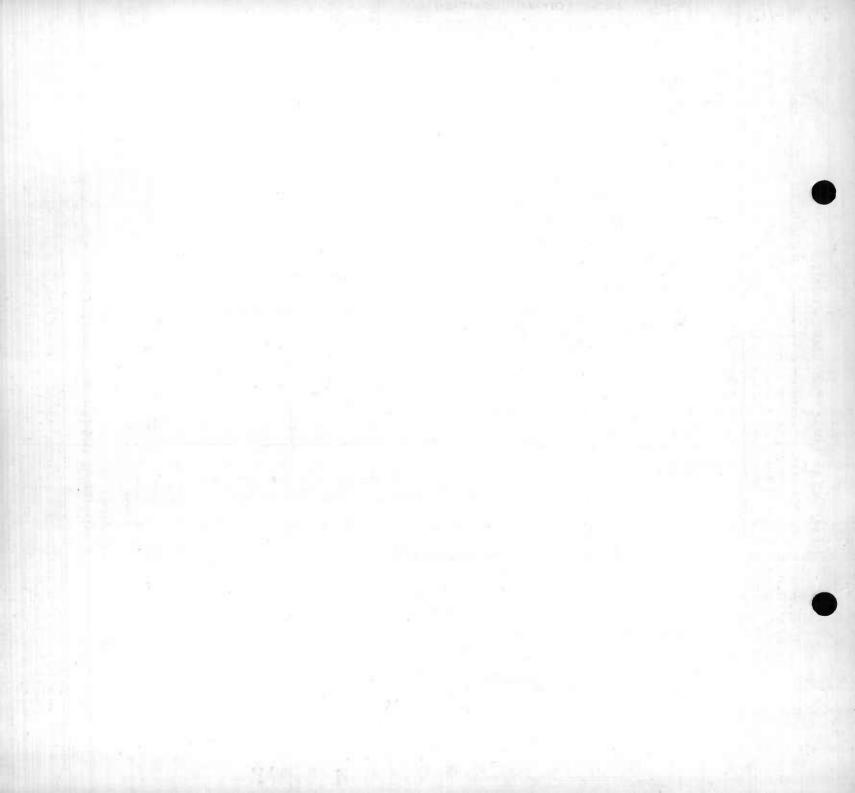
69 4203 BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH										KLO, I	10.		
	ME OF DEC ar Print)		TITTE 3.5T				2. DATE OF	Knawn 🖾 🗙	Manth	Day	Yea		
STEVE METIKUSH							DEATH	Estimated 📙	3	6	69	5:35	Рм.
							3. DATE	UNCED DEAD	Manth	Day	Yeo	r Haur	
HOSP	NAME OF		T IN HOSPITAL		IIIUIION,		- TROTTO	OTTOED BEAD	March	6,	1969	5:35	PM.
ORIN	STITUTION					D.O.A.	5. USUAL R A. STATE	ESIDENCE (When		ed. Il institu B. COUN		ce belare admis	sian)
		Churc	h Home	and :	Hospi	ital	A. SIAIE	Maryland		B. COUIA	11	6.7	-01
6. SE	(7. RACE				SEVER MARRIED	C. CITY OR			D. INSID	E CITY LIMIT	S?	-
Ma	ale	White		WIDOW		DIVORCED	ll Bal	to.			YES 🗌	NO 🗆	
9. DA	TE OF BIRTH	1	10. AGE (In	years		1 Yr. II Under 24 Hrs.		AND NUMBER		-	163	140	
			last birthday)	Manths	Days Haurs Min.		Deme	L 77277	77 C	1 .0		
11 80	RTHPLACE (S	tate or fareir			12. CITIZ	I I	13. FATHER		t Hill,	Hari	ora Co	•	
	VIII ENCE (S	idie di idieiş	gir cuoini y j			T COUNTRY?	J. FATREK	3 IAMILE					
244 10	CHAL OCCU	2471241/0:	0.1.1.01	4P. KIND	OF DUC	INTERCORPORATION OF THE PROPERTY OF THE PROPER	W 15 MOTHE	DIC HAIDCAL ALA	***				
	uring mast of w			4B. KIND	OF BUS	INESS OR INDUSTR	TY 15. MOTHE	K.2 WAIDEN NA	ME			*	
			U.S. ARMED war ar dates a			SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS		
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19	11.10	4				CAUSE OF DEA	ATH					APPROXIMATE IN	
	DICEAC	OR CONID	ITION DIREC	TIV		Arterios	cleroti	c cardio	zascula	r dis		ETWEEN ONSET A	NO DEATH
		EADING TO		ILY					, as cara		Luse		
			made of dyin			(A)IMMEDIATE DUE TO, OR	AS A CONSEC	UENCE OF:					
	Injury or cam	plication whi	. It means the ch caused deat	disease, lh.)									
					-91								
		ITECEDENT				(B)	AS A CONSE	OUENCE OF					
	RISE TO THE	ABOVE CA	ONS, IF ANY, USE (A) STATI	GIVING ING THE		DUE 10, OK	AS A CONSE	QUENCE OF:					
z	UNDERLYIN	IG CONDIT	ION LAST.			(c)	*****						
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CERTIFICATION	TO THE DEA	TH BUT NOT	NDITIONS CO	THE TERMI	INAL			n skin klar som som skin kjör sille sole som dem som ply ggg ggg ggg gg gg gg ggg gg					1
20						ICH OPERATION W	AS PERFORM	NED			21. AU	JTOPSY? (Yes	ar Na)
la la	2												
¥ 22		NAL CAUSE	WAS		22B. Pl A	CE OF INJURY(e.g.	in or about 2	2C WHERE DID	(If in Baltimar	e City give	e exact location	YES	-
C U	NDERLYING	OR CON	TRIB-		hame, lar	m, factory, street, affi	ice bldg., etc.) I	NJURY OCCUR?	(II III Dallimai	City, give	c cxaci racana	,	
	D. TIME (Month) ([Day) (Year)	(Haur	'	NJURY OCCURRED		22F. HOW DID IN	NJURY OCCI	JR?			
	PPROX.)				m. WHIL		T WHILE WORK						
23	,												
	I cart	fy that I h	ald an In	quiry _	ln	spection A	utapsy XX	and that an	this basis,	death In	my apinia	n	
	result	ed fram: N	latural caus	es XX	Acci	dent Suici	de H	amicida 🔲	Undetermi	ned mann	er 🗌		
	4			-7	1. 7			CHIEF MEDICAL	EXAMINER				
	ACTUAL		Many	-	11	150	ASSI	STANT MEDICAL	EXAMINER	xx		DATE SIGI	NED
	SIGNATU		"1	,	0	M.	D,	CIATE MEDICAL					
	NAME (T		Edward	E L	Wiles	n, M.D.	A550	CIATE MEDICAL	EVAMINEK		3/7/69	1 100/1	A JUILES
	BURIAL CREA	AATION, 2	24B. DATE	T · V		IAME of CEMETERY	ar CREMATO	DRY 24D	LOCATION	(City,	tawn, ar cau		re)
	OVAL (Specif			1-60				HALVE	CITY	MED	STAT	COUNT	n.s
								CITIVE	WILL.	1124-0	HVAL	SVIIU	934
25A.	DATE REC'D	BY HEALTH	DEPT.	25B. N	IAME OF	REGISTRAR	25C.	FUNERAL DIREC	OR	m. 12 V I	ADDRESS	CHIE	

VS 151-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

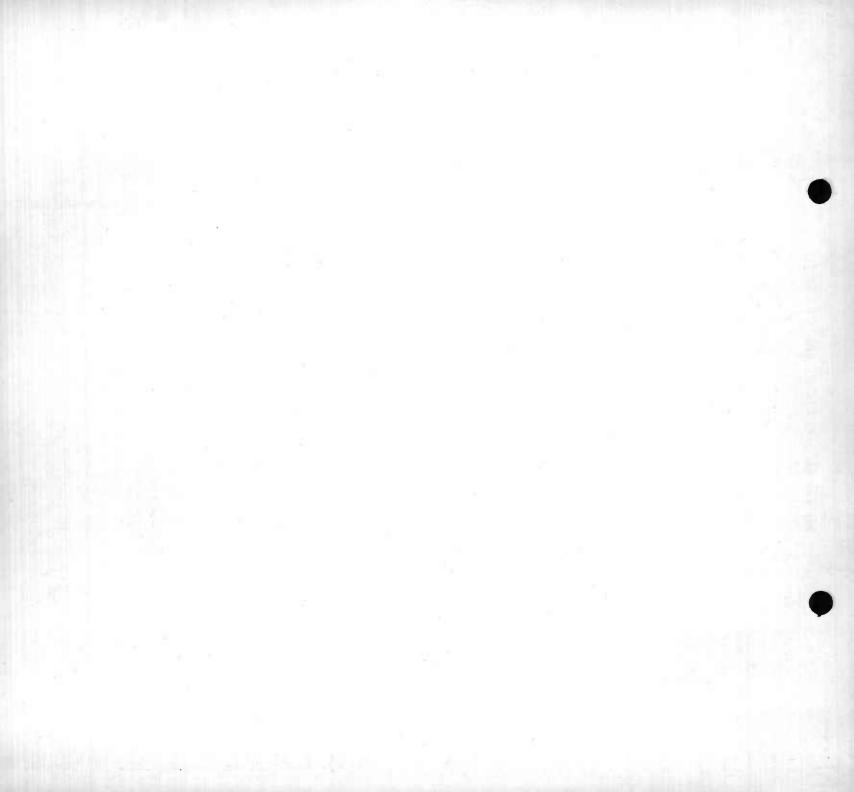
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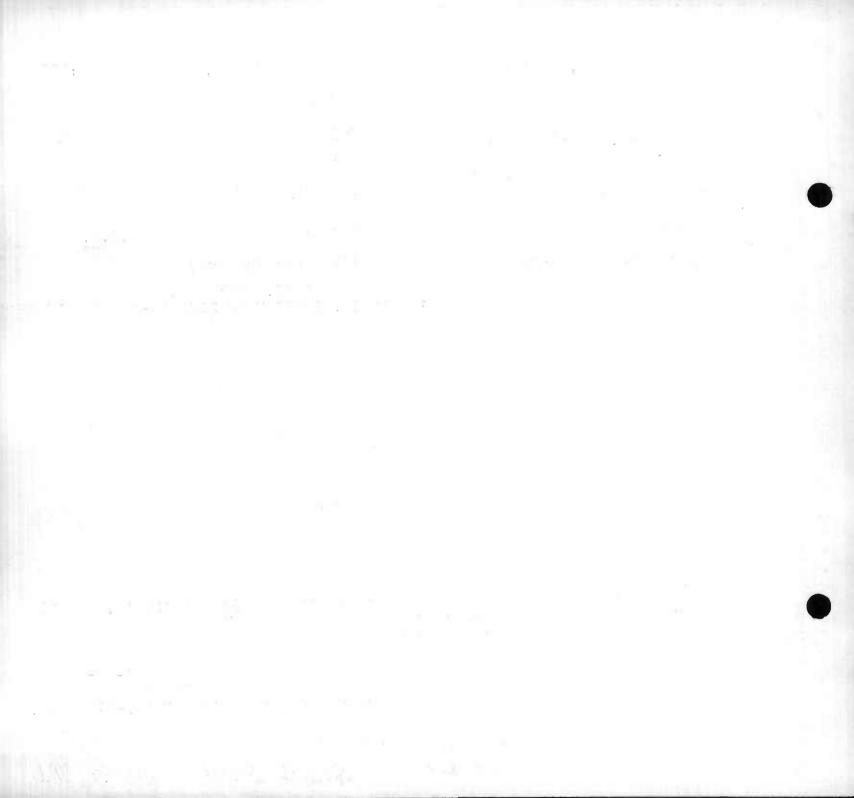
11.1	69 4207 BALTIMORE CITY HEALTH DEPARTMENT
ased the Such	CERTIFICATE OF DEATH REG. NO. 69 4207
5	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	TRANCES CARVER 7/19/69 8 7 A.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
Ĭ	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
	INSTITUTION D. INSIDE CITY LIMITS?
	PLEASANT MANOR NURSING AND E. STREET AND NUMBER
	CONUNLESCENT CENTER 818 JAMIESON Rd
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 96 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs
ļ	WIDOWED DIVORCED 12/19/XXXX 72 XXXXX
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR done during most of working life, even if retired)
	Housewife NARYLAND U.SA.
	13. FATHER'S NAME
I	
I	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor of dotes of service) 16. SOCIAL SECURITY NO.
I	NO 218-10-6811-A Mr. WM. CARVER MANORRY Md.
	18. 990 4 250 9 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
I	(This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. II means the disease,
	injury or complication which coused death.)
ľ	ANTECEDENT CAUSES (B) Comme work any that intustion (mgo.
l	DISEASES OR CONDITIONS, if ony, giving DIE TO, OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION losi. (C).
	Z OTHER SIGNIFICANT CONTRIBUTING TO A 100 O 0 0
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). WILLIAM OTHER SIGNIFICANT CONDITIONS OTHER SIGNIFICANT
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
I	
l	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Correct Contribution of City, give exact location of City, give exa
	2 21 D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY While At Not While
	WOR AT WORK
l	22. I certify that (I) (this hospital) attended the deceased from (1) (we) last saw the deceased clive and said (8) 1969 and that in (my) (our) printed accurred on the da
	that (I) (we) last saw the deceased clive and the da and hour and from the causes stated above. (I) (we) (did not) view the bady after death.
	and hour and from the causes stated above. (1)/(1994) (1997) (did not) view the bady after death. 23B. DATE SIGNED
	Attending Med. Stoff 1/51/65
	23 C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 23 D. ADDRESS
	FRANK (Ga KUEZHA). 721 Med gate Blok
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 4/22/69 New Cathedral Baltimore Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	APR 1963 DE Tale O Wh. Cook-Brooky Towson, Inc. Towson,
	vs 150-REV. 1/1/68





69 4209 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REAL 69 4209

ADDESS OF CONDITION DIRECTLY LEADING TO DEATH CAUSE OF INJURY (2.5) IN ACCURATE OF INSTRUMENTS) CAUSE OF DEATH CAUSE OF INJURY (2.5) IN OR AS A CONSEQUENCE OF INJURY OF COUNTING ON THE BUINDS OF INDUSTRY IS AND INVESTIGATE OF INJURY OF COUNTING ON THE BUINDS OF INJURY OF INJURY OF COUNTING ON THE BUINDS OF INJURY OF IN	IRTH NO.				1211 0	J_1(11111	0, 1, 1, 0,	D = / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	REG. NO)		
PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DEATH SUBJECT PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD GENOLIN OSPIFAL OR INSTITUTION, GIVE STREET DOPES OF ICCATION) DOPES OF ICCATION DOPES OF IC							Knawn 🔀	Manth	Day	Year	Haur	
PAGE IN BAITMORE, MARTLAND, WHERE PRONDUNCED DEAD TOTAL CONTROLL NAME OF STATE TOTAL CO	ype or Print)	NE	LLIE MAY	CASSOR	T		Estimated 🔲	April	20, 1	969		M
ASSISTICATION 600 East 35th Street S. MARRIED NEVER MARRIED S. USUAL RESIDENCE (Where deep aced lived. III institutions: read-ence before odinishin)	PLACE IN BALT	IMORE, MARYL	AND, WHERE PR	ONOUNC	ED DEAD			Month			Haur	
SEX RACE S. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?	OSPITAL	(IF NOT IN	HOSPITAL OR INST OR LOCATION)	TITUTION, GI	VESTREET							
Pemale	00	600 Ea	st 35th S	treet							9-0	3
DATE OF BIRTH 10. ACE (in years) 11. SECURITY (in the state of foreign country) 12. CRIZEN OF WHAT COUNTRY) 13. FATHER'S NAME CERGE TOWNS MAIDE NAME CERGE TOWNS MAID NAME CERGE TOWNS MAIDENNAME CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CHARLES NAME (A)IMMEDIATE CAUSE DISEASE OR CONDITION LIST. (C)	SEX	7. RACE	8. MARR	IED NE	VER MARRIED	C. CITY OF	TOWN		D. INSIDE	CITY LIMITS	?	-
Manths, Doys Hours Min.	Female	White	WIDOW	/ED 🗷	DIVORCED		Baltimore			YES X	NO 🗆	
BIRHPLACE (since or largeing country) 12 (FITZEN OF WHAT COUNTRY) 13. FATHER'S NAME 14. AUGUST AND COUNTRY 15. MOTHER'S MAIDEN NAME 14. AUGUST AND COUNTRY 15. MOTHER'S MAIDEN NAME 16. MAD DECEMBER 17. SOCIAL NO. 18. INFORMANT ADDRESS 17. SOCIAL NO. 18. INFORMANT ATTENDED OF A MAD PLANE (NOTE OF AND P	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.					E. STREET	AND NUMBER					
WHAT COUNTRY WHAT COUNTRY CERRE TENKINS	Aug. 9, 1	892		f			600 East	35th S	treet			
AUSUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME AUSUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME AUSUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME AUSUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME AUSUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME AUSUAL OCCUPATION OF WORK OF A MOTHER OF AUSUAL OCCUPATION OF WORK OF A MOTHER OF AUSUAL OCCUPATION OF WORK OF A MOTHER OCCUPATION OCCUPATION OF A MOTHER OCCUPATION OCCUPAT	BIRTHPLACE (S	tate ar fareign co	ountry)			13. FATHER	'S NAME					
ADUSTAL COCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MÁIDEN NAME ADDRESS TO MAS DECEASED EVER IN U.S. ARMED FORCES En no a or unknown)(if yes, give wor or dotes of service) O MAS DECEASED EVER IN U.S. ARMED FORCES En no a or unknown)(if yes, give wor or dotes of service) IDSEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., learn flow), country or complication which caused death) ANTECEDENT CAUSES DISEASES OR CONDITIONS (and in the mode of dying, e.g., learn flow), country or complication which caused death) ANTECEDENT CAUSES DISEASES OR CONDITIONS (and in the mode of dying, e.g., learn flow), country or complication which caused death) ANTECEDENT CAUSES DISEASES OR CONDITIONS (and in the means the disease, linky or complication which caused death) ANTECEDENT CAUSES DISEASES OR CONDITIONS (and in the country), country or complication which caused death) (b) DISEASE OR CONDITIONS (and in the country), country or country) The above Cause (a) staining the UNDERTING CONDITION (and in the country), country or	VIRAII	7117				6	CRUE -	Jenk	INS			
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Burial 4-24-69 MEADOW FICIONE CEMETERY HOWARD Co. Md			DATE	24C. NA	ME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, to	wn, or count	ly) (Sio	e)
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 1	Burial	4		Me	Adow TICI	ge l'é	me lery		OW ARC	1 Cc	. M	1
	5A. DATE REC'D	BY HEALTH DEP	25B. N	AME OF R	EGISTRAR	25C.	FUNERAL DIRECTO	OR Y/	1	ADDRESS	11. 4	nol



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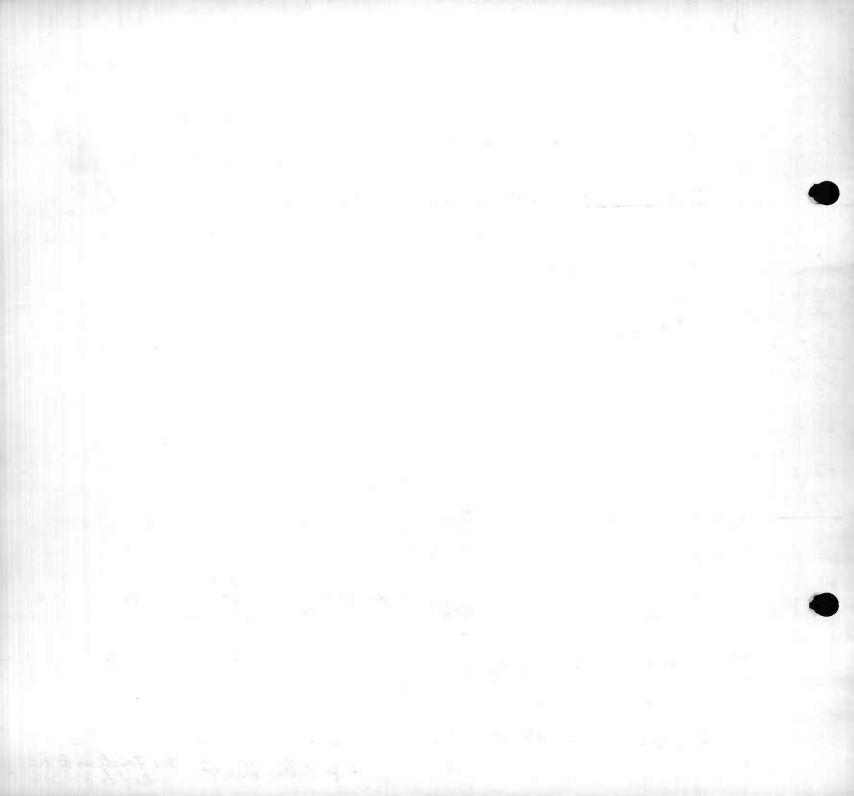
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M.E. CASE NO.

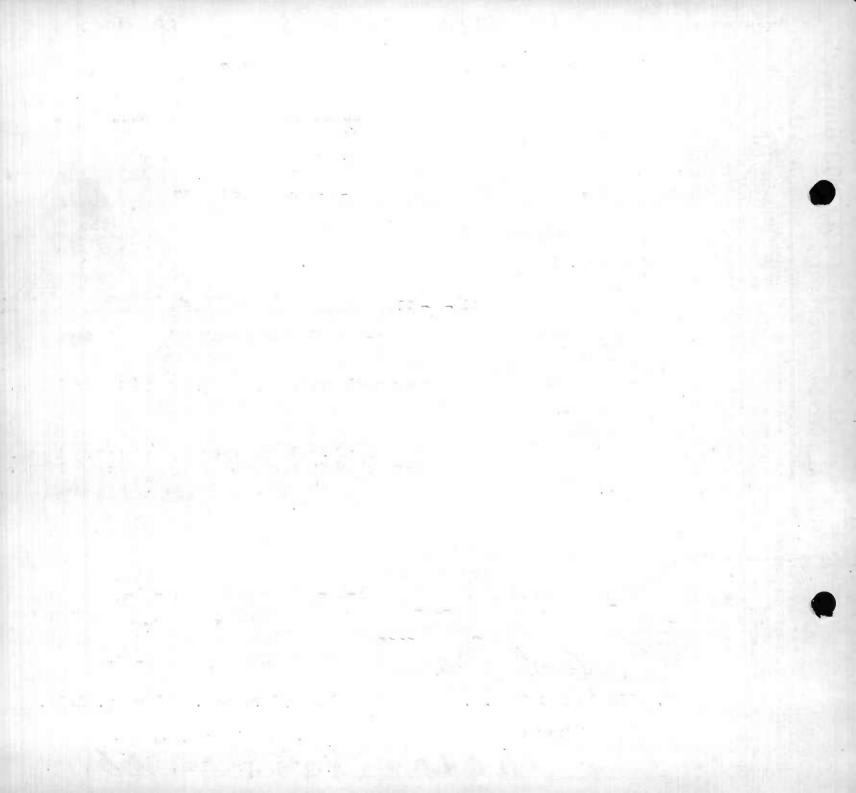
I. NAME OF DECEASED

VS 150-REV. 1/1/65

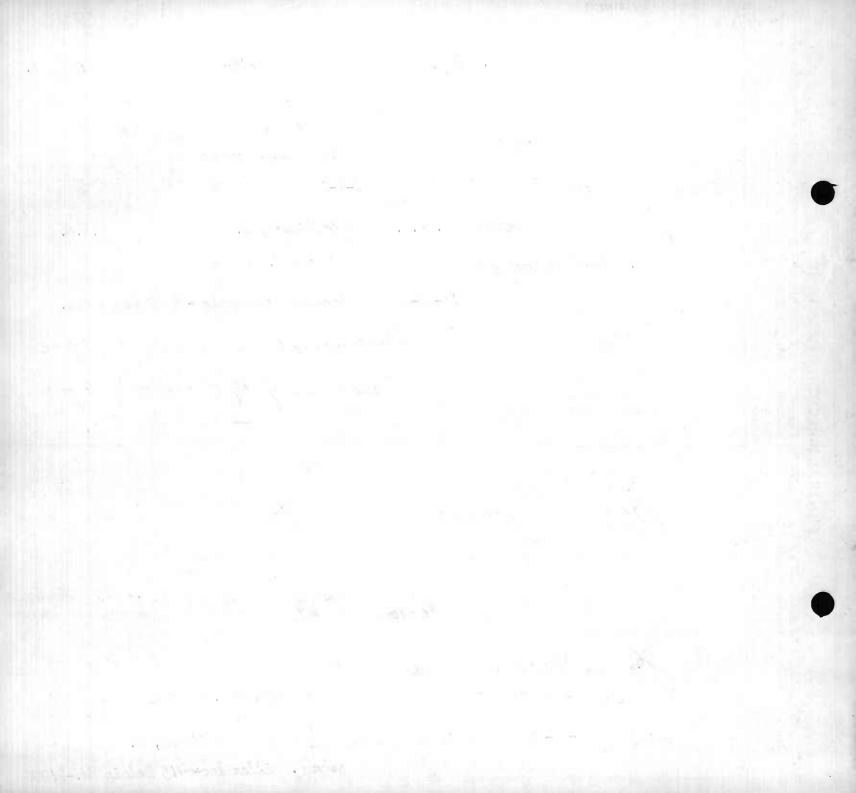
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 169 USUAL RESIDENCE (Where deceased lived, Il institution: gesidence before admission) (If rurol, give location) NEWBURG 9. AGE (In years II Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours | Min. 12. CITIZEN OI WHAT COUNTRY? INTERVAL BETWEN 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ond that in (my) (aur) opinion death occurred on the date 23B, DATE SIGNED (City, town, or county)



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	BIRTH NO. 1, NAME OF DECEASED M 12, DATE AND HOUR OF DEATH 12, DATE AND HOUR OF DEATH								
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FU	LL NAME OF		OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY BALTIMORE, CO. 53					
IN:	STITUTION	ADDRESS OR LOCATIO	N)		OR TOWN			CITY LIMITS?	
E	BOLTON	HILL NURSING	HOME		T AND NUMBE	UNDALK R	*	₩₩ NO Ø	
7	0		3.3	136	Patapsco	o Avenue			
5. 5	EX	6. RACE 7.	MARRIED NEVER MARRIED X		OF BIRTH	9. AGE (In y	ears I	f Under 1 Yr. If Under 24 Hrs.	
Fe	emale	White w	IDOWED DIVORCED	10-2	6-1870	0.8	490	louis Day's Hoors	
			KIND OF BUSINESS OR INDUSTRY	11. BIRTH	IPLACE (State or	foreign country)	1 1	2. CITIZEN OF WHAT COUNTRY?	
don	e during most of v	working life, even il retired)	-ThT	Vi	rginia			USA	
13.	FATHER'S NAM	UNKNO	N IV		HER'S MAIDEN	NAME			
		OMAS R. TIND	FD			VIFT			
16.3				37		W T L T		4 B B B C C	
		Ever in U. S. Armed Forces? (If yes, give wor or dotes of		JOH		UNERAL H	IOME, L	OCUST GROVE, VA.	
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CAL	OR CONTRIBU	TING CAUSE OF medical examiner	home, form, factory, street, o	ffice bldg.,	INJURY OCCUI	R?			
ED.	OF INJURY	(Month) (Doy) (Year) (H	lour) 21 E. INJURY OCCURRED		21F. HOW DID	INJURY OCCUR	?		
>	(APPROX.)		While At Work At Work		- 17.0				
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	age v.s					-	aor, aprina	in death accounted on the date	
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	Co	(Sowoyy	COLL DEGREE Phy	rs.	Director L	Shoff Phys.	T	-21-09	
	23C. PHYSICIA NAME (T)	/pe)		23D. ADD	RESS	1			
	E. E	LLSWORTH COO	K M.D. DEGREE	243]	. Maryla	and Ave.	Balt	o Md. 2218.	
24A	REMOVAL IS	MATION, 24B. DATE	24C. NAME of CEMETERY of CR	EMATORY	241	D. LOCATION	(City,	town, or county) (State)	
	BURTA	T 4/23/69			CEM.	ORANGE	89.,	VA	
25A	DATE REC'D		NAME OF REGISTRAR	350	LIMERAL ONRE	verk /	field	ADDRESS	
	A	PR 14 1969 ()	M. COL, Madday MA	O M	. вноок	SIBRADLI	EY, DU	INDALK, MD.	
VS	150-REV. 1/1/6	В							



	E CITY HEALTH DEPARTMENT	REG. NO. 69 4213
BIRTH NO. 69 4213 CERTIF	ICATE OF DEATH	REG. NO. 69 4213
1. NAME OF DECEASED (Type or Print) Margaret E. Miller	2, DATE AND HOU 4-18-6	R OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceo	sed lived. If institution: residence before admissi
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET		26-31
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
4207 Raspe Avenue	E. STREET AND NUMBER	YES NO NO
420/ Naspe Avenue	4207 Raspe Aven	ue
Female 6. RACE 7. MARRIED NEVER MARRIED DIVORCE	lost big	(In years If Under 1 Yr. If Under 24 Months Days Hours Min
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State or foreign coun	12. CITIZEN OF WHAT COUN
Clerk Western Ml. R.R	. Baltimore, Md.	U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.J.
J. Cleveland Bartlett	Lena E. Kappe	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no grunknown (If yes, give war or dates of service) 16. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS
No 216-03-5		le - 4207 Raspe Ave.
18. 7 L/ Y CAUSE OF	DEATH	APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY	Canada de la casa de l	BETWEEN ONSET AND DE
LEADING TO DEATH	ATE CAUSE NO WOLO CIE	2 yer
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	OR AS A CONSEQUENCE OF:	
injury ar camplication which caused death.)	C	-6 0 1 1
ANTECEDENT CAUSES	Carecorona of lyt	treast le ger
DISEASES OR CONDITIONS, if any, giving DUE TO,	OR AS A CONSEQUENCE OF:	V
rise to the above cause (A) stating the UNDERLYING CONDITION last.	-	
UNDERLYING CONDITION last. (C)		
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A). ■ 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION ■ 198. CONDITION FOR WHICH OPERATIO		F YES, WERE FINDINGS CONSIDERED
WAS PERFORMED C 1		RTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJUR		(If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, s' DEATH (notify medical examiner)	Y (e.g., in or about 21 C. WHERE DID INJURY OCCUR?	, and a south to contain
U		
OF INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR		CUR?
	of White t	photogramma,
22. I certify that (I) (this haspital) attended the deceased from	n april 1968	10 4-18 1969
that (1) (we) last saw the deceased alive an 4-	11 10	y) (aur) apinian death accurred an the
		, , april 22 and addition of the
and haur and from the causes stated above. (1) (We) (did) (did	nul, view the budy after death.	238, DATE SIGNED
Ob. Dr. Mr.	Attending the Med. Staff	4. 10
More moorer my	Phys. Director Phys. L	7-71-01
23C. PAYSICIAN'S	23D. ADDRESS	5 /5 =
JUBR MUUKIZS	DEGREE 3105 BELAII	RD 2/213
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		N (City, town, or county) (State
Burial 4-22-69 Baltimore	1.4: 10 . 0-	14: 41
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ational Cometery Ba	ltimore, Md. ADDRESS nc-6415 Belair Rd21206
app v a 1000 to 9 60 95 6	Don't Mile 1	- Curou
/S 150-PFV 1/1/68	forde (metter 1)	nc-0415 Belair Rd21206



17.00 LANCE WELL BUSINESS 30 S ELLWOOD & VE 9 A 00-15-9 57.7% HOLLES ANTES MARGARET DELKHIN GEORGE BILE 131 1111 1111 Complete that theek and it it is Andertockholic chareline chares mil

4-17-4

Beech N. P. W.

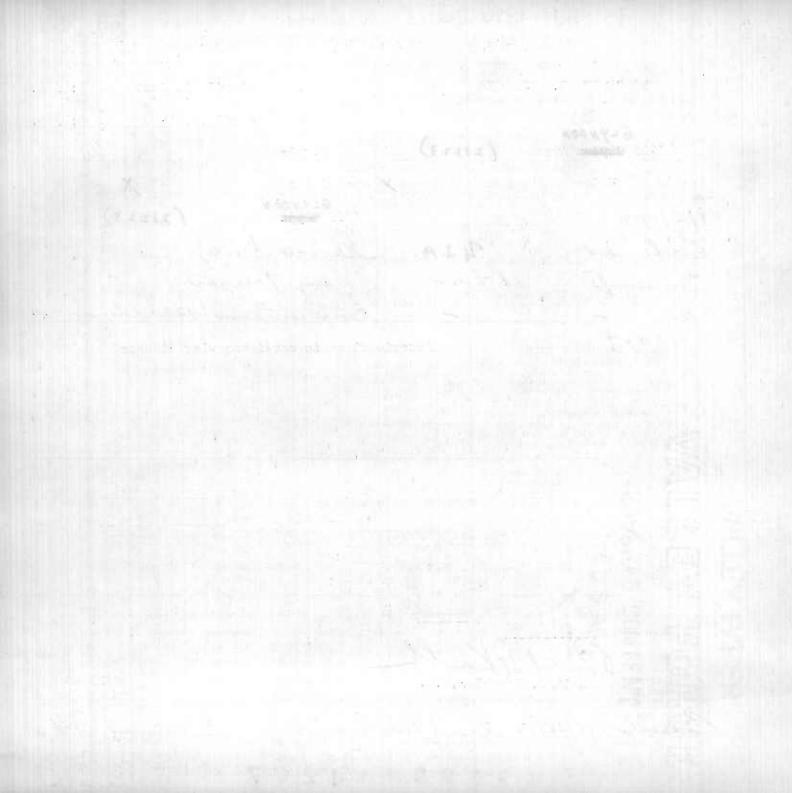
CHURRY HOUSE PER

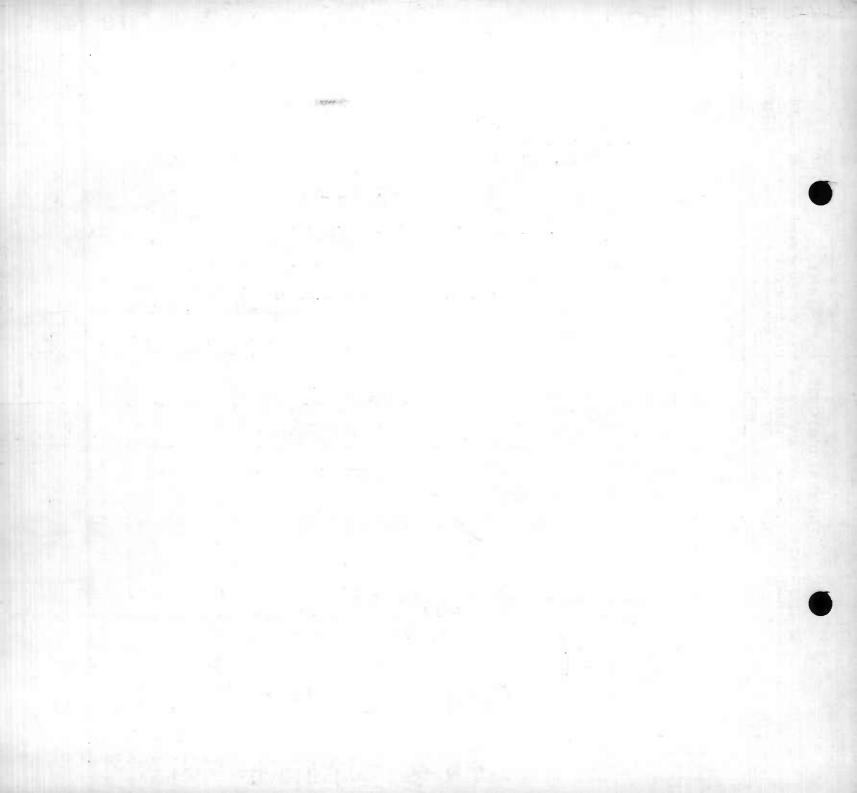
Die to day of Berlin

69 4215 BALTIMORE CITY HEALTH DEPARTMENT

69 4215

BIRTH NO.	LEKTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
(Type or Print) MARGARET L. FRANCIS	OF CONTRACTOR OF
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted April 23, 1969 4:45 A.M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	April 23, 1969 4:45 A.M.
00,400	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
1235 Carplen Avenue (21213)	Maryland 2/-02
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES X NO
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
8/12/1900 lost birthdoy) 68 Months, Doys, Hours, Min.	1235 en Avenue (2/223)
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	b . D . 11
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	115 MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	MOTHER'S MAIDEN NAME
Housewife at home	many Lougan
16. WAS DECEASED EV€R IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANY ADDRESS (2/22)
NO -	Bearge a. Trancis - 1235 Blyndon Auc.
19. CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY Arterio	osclerotic cardiovascular disease
LEADING TO DEATH	
(This does not meon the mode of dying, e.g., (A)IMMEDIATE C	AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B) (B) (B) (B)	AS A CONSEQUENCE OF:
MAE TO THE ABOVE CHOSE (A) STRING HE	AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	000000000000000000000000000000000000000
OF TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
$\overline{\mathbf{O}}$	
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street, office	bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.₹NJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE
m. WORK AT W	
23.	
	tapsy and that an this basis, death In my apinian
resulted fram: Natural causes X Accident Suicid	e Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE A SIGNATURE	ASSISTANT MEDICAL EXAMINER
SIGNATURE OF THE MAN PARTY	ASSOCIATE MEDICAL EXAMINER 4/23/69
EXAMINER'S Ronald N. Kornblum, M.D.	4/23/09
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	1. t. 60. 20
DATE DECID BY HEALTH DEGIT AND NAME OF DECIGEOUS	Demelong Stenhame, Man
25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	thing thomas of his an Malling
VS 151-REV. 1/1/68	01201
	(Gall W.



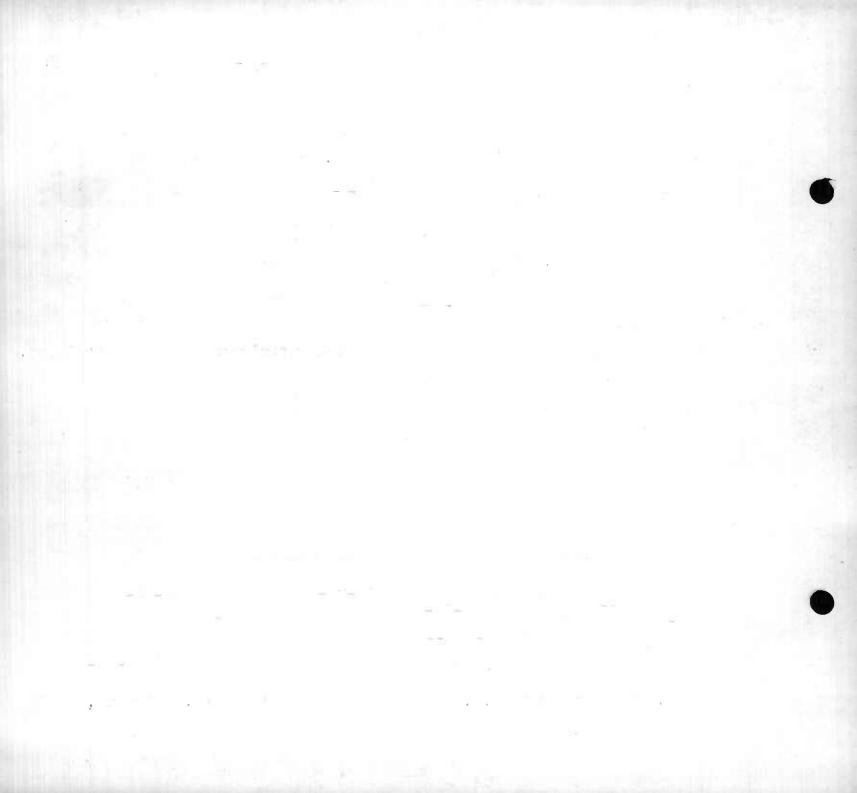


IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1768

YES Y NO If Under 24 Hrs. Hours Min. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 21213 Ethel Wagner-sister-in-law APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) 4-22-1969 ond that In(my) (our) opinion death accurred on the date 238, DATE SIGNED 4-22-69 Balto Md. 21218 Baltimore, Md. Schamunek Funeral Home, Inc. ADDRESS

9:00Am.



VS 150-REV. 1/1/68

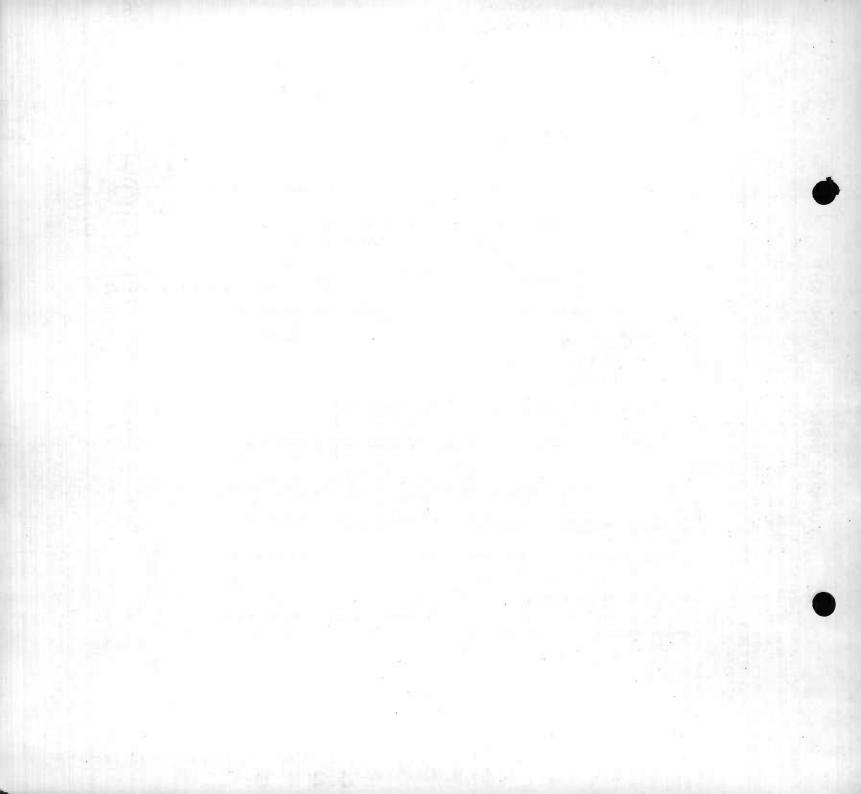
REG. NO. 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before adrhissian) D. INSIDE CITY LIMITS? YES D HWY 54 9. AGE (In years If Under 1 Yr. Months: Days Days 12. CITIZEN OF WHAT COUNTRY? C17 3 tmann, wife , above BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21 F. HOW DID INJURY OCCUR? 2 and that in (my) (aur) apinian death accurred an the date 23 B, DATE SIGNED (City, town, or county) Baltimore, Md. Schimunek Funeral Home, Inc.

NO

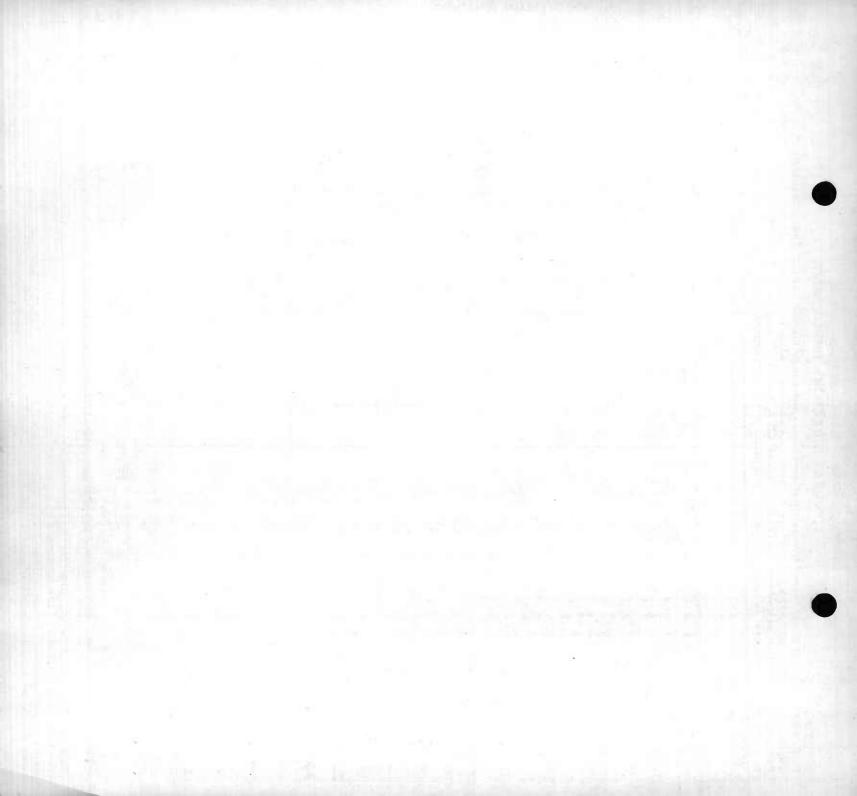
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APPROXIMATE INTERVAL

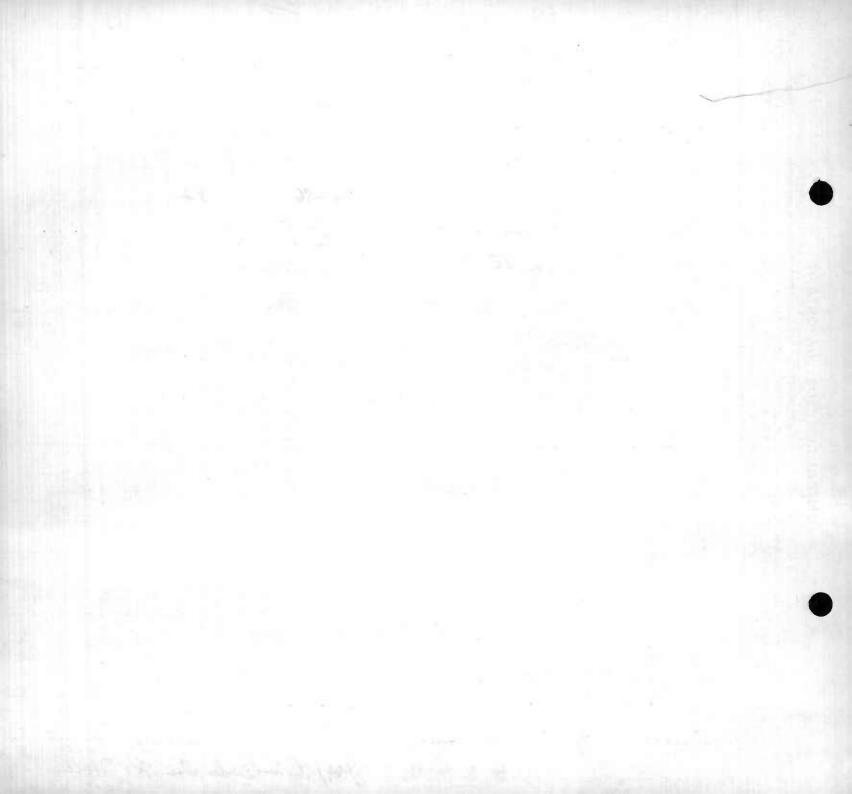
If Under 24 Hrs.



SINTH NO. (CANOL OF DECASED TYPES OF PION XYCK PROLVEY K. MR. LOLLLAM Y NICHOLS, ST. 4, 2, 1, 965 7. RACE IN NATIONICE, MARKIAND, WHEE FRONOUNCED DEAD 1. ROLL AND STORE LOCATION, GIVE STREET 1. MARKING LOCATION, GI					BALTIMORE CITY	HEALTH DEP	PARTMENT		69 42	
Type of Princing Mark Mark Mark Mark Mark Mark Mark Mark			69	9 42	19 CERTIFICA	TE OF I				
D. RACE IN BATHMORE MARILAND, WHERE FRONDUNCED DEAD J. STAND COUNTY STAND STAND			THE STATE OF THE S	40	A CARLO MANAGEMENT	-1- 0-		1 -		
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MANUAL OCCUPATION Give shed of working life, even if retired San SUBJALA OCCUPATION Give shed of working life, even if retired OWN BUSINESS OR INDUSTRY 11, BIRTHFACE (Stote on foreign country) AD Baltimore M. D. Baltimore M. MOTHER'S MADBER NAME W. D. Becaused Save in U. S. Armed Forest? M. D. Baltimore M. MOTHER'S MADBER NAME M. D. Baltimore M. MOTHER'S MADBER NAME M. MOTHER'S MADBER NAME				7- MARRIED	NEVER MARRIED				If Under 1 Yr. If Under	
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3. FAIRLES SAME WILLIAM J. NOTHER'S MAIDEN NAME WILLIAM J. NOTHER'S MAIDEN NAME WILLIAM J. NOTHER'S MAIDEN NAME S. WAS Deceased Ever in U. S. Armed Grees? Ten. no or unknown! [It yes, give wor or doles of service] S. WAS Deceased Ever in U. S. Armed Grees? Ten. no or unknown! [It yes, give wor or doles of service] DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head follows, sathenia, etc.) It moons the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) sabing the UNDERLYING CONDITION (S.). OTHER SIGNIFICANT CONDITION (S.). OTHER DEATH BUT NOT PRILATED TO THE TERMINAL DISEASE, OR CONDITION (S. N. PART) I.A. DISEASE OR CONDITIONS, IN PART I.A. DISEASE OR CONDITIONS (S. N. PART) I.A. DISEASE OR CONDIT			life, even if retired)			11 7			Amer.	
William J Minks Nichols William J Minks Nichols William J Minks Nichols William J Minks Nichols SECURITY NO. 215-05-4643 CAUSE OF DEATH CAUSE OF DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head foliare, shahen, de. It means the diseases, injury or complication which coused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if only, giving iso in the above cause (a) stelling the UNDERLYING CONDITION lost. OTHE SIGNIFICANT CONDITION S. (condition) OTHE DEATH SIGNIFICANT CONDITION S. (condition) OTHE DEATH SIGNIFICANT CONDITION S. (condition) OTHER SIGNIFICANT S. (condi				Own B	usiness	111				
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heat follows, estimated the decase of the part of the par	. Wos D	eceased Ever in	U. S. Armed For	rces?		17. INFORMAL	NT (ne	e Hora	ADDRESS	
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21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) or CONTRIBUTING CAUSE OF DEATH (Inclify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While At Work 19 67 and that in (my) (ear) apinian death accurred an the and haur and from the causes stated above. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (St. REMOVAL (Specify) Burial 4/25/69 Parkwood Cemetery Baltimore, Md. 25C. DATE REC'D 8Y HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Under Scholler 10C.	DISEA 19A. D		TION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTO	PSY? (Yes or No	20B. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?	
DEATH Inolify medical examiner) Column										
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work 21E. Not While At Work 22E. I certify that (I) (this haspital) attended the deceased fram 4/8/19/19/19/19/19/19/19/19/19/19/19/19/19/	▼ DEATI	CCIDENT WADNTRIBUTING	S UNDERLYING [CAUSE OF ol exominer)		me, form, foctory, street, o	g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location), office bldg., INJURY OCCUR?				
22. I certify that (I) (this haspital) attended the deceased from 4/8/19/20 and that in (my) (ear) apinian death accurred an the that (I) (see) last saw the deceased alive an 4/2/67 19/67 and that in (my) (ear) apinian death accurred an the and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS CHURCH HOME + HOSP. 23D. ADDRESS CHURCH HOME + HOSP. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State of the county) Burial 4/25/69 Parkwood Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 26O E. Madison St.		ME (Month	n) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F.	HOW DID INJ	URY OCCUR?		
22. I certify that (I) (this haspital) attended the deceased fram 4/8/19/9 ta 4/2/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 ta 4/2/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/2/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/8/19/9 that (I) (this haspital) attended the deceased fram 4/2/9 that (I) (this haspital) attended the deceased fram 4/2/9 that (I) (this haspital) attended the deceased fram 4/2/9 that (I) (the hat (I) (the hat (II) (the hat	S OF IN			w	hile At Not Whi	e 🗂				
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that (I) (10) last saw the deceased alive an 4/2/67 19 67 and that in (my) (eer) apinian death accurred an the and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Low har C. maria wo Attending Med. Shoff Director Phys. 4.21.1969. 23C. PHYSICIAN'S NAME (Type) LOW	22. 1	certify that (I) (this haspita	I) attended	the deceased from	1/18/		19 69 ta	4/2// 19	
and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Line C. Mariaux Attending Med. Director Phys. 4.21.1969. 23C. PHYSICIAN'S NAME (Type) Line C. Mariaux 23D. Address Church Home + Hosp. 23D. Address Church Home + Hosp. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY Burial 4/25/69 Parkwood Cemetery Baltimore, Md. 25A. DATE REC'D 8Y HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Uneral Home, Inc.						/ / .	7 and th	natin (my) (per)	apinian death accurred an ti	
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AME (type) LDILIA C. MARIANO GEGREE PALTO. Md. 31 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 4/25/69 Parkwood Cemetery Baltimore, Md. 25A. DATE REC'D 8Y HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR SChimunek Funeral Home, Inc. 2601 E. Madison St.		100 ha	C. Y	nana	Ath Phy	ending .	Med. Director	Phys.	4.21.1965	
AMAGE (Type) LDILIA C. MARIANO GEGREE BALTO. Md. 31 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) Burial 4/25/69 Parkwood Cemetery Baltimore, Md. 25A. DATE REC'D 8Y HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR SCHIMUNEK Funeral Home, Inc. 2601 E. Madison St.	23C. P	HYSICIAN'S			GEGKEE		C41611	HONE	+ 40CA.	
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25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Uneral Home, Inc. 25C. FUNERAL DIRECTOR Uneral Home, Inc.	_		4/25/6	59	Parkwood Cer	neterv	B	altimore	. Md.	
AFR 4 1969 2 4 January of 2601 E. Madison St.							RAL DIRECTO	L. D. ZINO I E	TT ADDRESS	
		APR	4 1969	2005	A Jakana	Schi	munek	Madica	nome, Inc.	
/S 150-REV, 1/1/68		/ILIEV	TT., 1000	VI	And American	3 4	SOOF F	Madiso	11 51.	



VS 150-REV, 1/1/6B



MEDICAL EXAMINER'S CERTIFICATE OF DEATH

D. D.	711.110		IVILL	ICAL	/\/	TITLIN O	CLICIII	CAIL	I DEM	REG. NO	0	
	TH NO.	CACED					Ilo BATE				v	E.
	NAME OF DEC	EASED					2. DATE OF	Knawn 5	_	Day	Year	Haur
FRANK J. KANTORSKI							DEATH	Estimated [4	22	69	6.20 p.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							3. DATE		Month	Doy	Yeor	Hour
	L NAME OF	(IF NO	TIN HOSPITA	L OR INST	TITUTION	I, GIVE STREET	PRONC	UNCED DEAD				
HOS	SPITAL INSTITUTION	ADDRE	SS OR LOCA	TION)			C HCHAI	DECIDENCE AND	Apri		1969	
- 1	11011011						A. STATE	KESIDENCE (WI	ere decease	B. COUNTY		before admission)
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6. S	EX	7. RACE	DETH	8. MARR		NEVER MARRIED	C. CITY O	Maryland R TOWN		D. INSIDE	CITY LIMITS	?
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N	1ale	White		WIDOW		DIVORCED L	B	AND NUMBER			YES 🔨	NO L
9. D	ATE OF BIRTH	1	10. AGE (I			r 1 Yr. If Under 24 Hrs. Doys , Haurs , Min.	E. STREET	AND NUMBER				
9	1-17-	1911	lost birthdo	Y }	Munins							
	BIRTHPLACE (S	1/10	1 00		12 CIT	IZEN OF	534	N. Belno	ord Ave	2		
	DIKITI EACE (S	raic di taleng	311 Caoiiii y y			AT COUNTRY?						
E	altimo	re. M	arvla	nd	17. 5	A P	Ant	hony Ka	ntors	ski (D	eceas	ed)
44.	USUAL OCCUP	PATION (Giv	e kind af wark	14B. KIND	OF BU	SINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN N	AME			
ane	during most of w	orking life, ev	en it retired)	T) .			Cot	handne	D4 med -	alud In		- 21
	MIAC DECE	D FMED III	ILC ADALE		inte		Uat	herine	riwir	ISK1 (D	eceas	eal
Yes	WAS DECEASE , na or unknown)	of EVER IN	war or dates	of service) 17	7. SOCIAL SECURITY NO.	18. INFOR				ADDRESS	
	No	. , ,			'		Marge	ret Koc	zorow	ski Fe	irway	Balto.ND
_	19.	0				CAUSE OF DEA						APPROXIMATE INTERVAL
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		EADING TO				(A)IMMEDIATE	CALISE	Fatty li	7702			
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2	UNDERLYIN	IG CONDIT	ION LAST.			(c)						
CERTIFICATION			.1			(),						
뒮	OTHER SIGNI	IEICA NIT CON	II NOTIONS C	ONTRIBLI	TING							
이	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM	INAL							
띮	DISEASE OR	CONDITION	GIVEN IN P.	ART 1 (A).		***************************************	*************			************		
3	20A. DATE OF	OPERATION	N 20B. COI	NOITION	FOR W	HICH OPERATION W	AS PERFOR	MED			21. AUT	OPSY? (Yes or No)
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7	22A. EXTERN	IAL CALIEF	14/45		aan Di A	ACE OF INITIDAY		22C WHERE D	D Mr. D.le	- CU	11 11	Partial
O	UNDERLYING	NAL CAUSE			home, fo	ACE OF INJURY(e.g. arm, factory, street, offi	ce bldg., etc.)	INJURY OCCUR	!?	more City, give	exact location)
즶	UTING CAL						-,,,					
Σ	22D. TIME (Day) (Yea	r) (Hou	r) 22E.	INJURY OCCURRED		22F. HOW DID	INJURY O	CCUR?		
	OF INJURY	,	.,		1		T WHILE					
	(APPROX.)				m. WO		WORK					
	23.				_							
	I certi	fy that I h	eld on 1	nquiry	_ 1	nspection PA	topsy XX	ond that or	n this bosi	is, deoth in m	ny opinion	
		ed from: N				ident Suisi	de 🗌 🕒	lomicide	Undate	mined monne	. []	
	result	ed from: IV			- 1	30161	46 L					
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	ACTUAL	IPE TU	Cak	71	VIL	M.	ASS	ISTANT MEDICA	L EXAMINE	R XX		
	SIGNATU			V		M.		OCIATE MEDICA	I EXAMINE	p 🗍		
	EXAMINE NAME (To		4 1	1		7/1 3/ 7		OCIATE MEDICA	EVWWIINE		1.10	3/60
241	NAME (T			ward	F. W	Vilson, M.D	CDELLAS	ORV	D. LOCATIO	ON /ou	wn, or count	3/69
	A. BURIAL CREW MOVAL (Specif		24B. DATE		24C.	NAME of CEMETERY	or CKEMA	OKT 24	D. LOCATIO	City, to	own, ar count	y) (State)
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_	Burial	DV HEATEN	4-26-		ITIC	ly Rosary	Ceme		undal	r, Dal	to, Mo	le .
25 A	. DATE REC'D	RA HEVLIH	DEPT.	25B. N	IAME O	F REGISTRAR	25 C.	FUNERAL DIRE	CIOK		ADDRESS	401
		ADD V	1500	100		- stablewins	Jo	hn M. W	ehen	& Song	Tno	S. Che ster
	- 1	31 1/	1000	4	and the	A COUNTY OF	A	0 1	Spor	C DOIIS	THU	D. 0119 8151
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69 4222 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER	R'S CERTIFICAT	E OF	DEATH REC
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		MED		EXAMINER'S			DEAT	4 69	4:	222	
BIRTH NO.		77120		. EXT. TIVILITY LETT O				REG. NO			
1. NAME OF DEC	Elb	ertALI	BERT	NASH Jr.	II OF	awn K I timated \square	April	. 20, 19	69 ^{Yeor}	Hour	м.
				RONOUNCED DEAD	3. DATE PRONOUNCED	DEAD	Month	Doy	Year	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	ESS OR LOCA	TION)	TITUTION, GIVE STREET				20, 19		11:45	M.
	h Balt	imore (Gener	(DOA) al Hospital	5. USUAL RESIDEN	land		ed. If institution: B. COUNTY	residence	20 -	01
6. SEX	7. RACE		B. MARR	EIED NEVER MARRIED				D. INSIDE CIT	Y LIMITS?		
Male	Neg		WIDOV			imore		YES	s 🖄	NO 🗌	
9. DATE OF BIRT	Н	lost birthdo	yeors y)	If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Haurs, Min.			altimo	re Stre	et		
11. BIRTHPLACE				12. CITIZEN OF	13. FATHER'S NA	ME	-				
North.				Uwhat Country?	Elbert						
14A.USUAL OCCL dane during mast of	JPATION (Gi working life, e	ve kind of wark ven if retired)	148. KIND	OF BUSINESS OR INDUSTR	Bertha						
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	S? 17. SOCIAL	18. INFORMANT			AD	DRESS		
(Yes, no or unknown	(It yes, give	wor or dotes	at service) SECURITY NO. 243-20-853	8 Sylvia	XXXX	IN 33	34 N. F	Hilto	n St.	
19.	2,21	7		CAUSE OF DEA					Al	PPROXIMATE INTE	
(This does not heart follows	LEADING To not mean the e, osthenia, et	DITION DIRE O DEATH made of dy c. It means the ich caused de	ring, e.g.,	(A)IMMEDIATE	sive and and and cause c	ardiova		diseas	e	. B ROBER P7755 5055 6455	1 Q1-Q1 (10 (11 (11 (11 (11 (11 (11 (11 (11 (1
DISEASES RISE TO TH UNDERLYI	NTECEDENT OR CONDIT E ABOVE CA NG CONDIT	IONS, IF ANY	I, GIVING		AS A CONSEQUENC	CE OF:					
TO THE DE	ATH BUT NO	NDITIONS C T RELATED TO GIVEN IN P	THE TERM	INAL							
20 A. DATE O	FOPERATIO	N 208. CO	NDITION	FOR WHICH OPERATION W	AS PERFORMED				21. AUTO	OPSY? (Yes or	No)
10/1/	NAL CAUSE	WAS		22B. PLACE OF INJURY (e.g.,	in or about 22C W	HERE DID /	If in Baltimor	City give exac	t location)	Yes	
UNDERLYING UTING CA	G OR CON	NTRIB-		home, form, foctory, street, office	ce bldg., etc.) INJURY	OCCUR?	ii iii boiiiiiioi	c city, give exac			
22D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	r) (Hau	WHILE AT NOT	T WHILE CONTROLL CONTROL CON	OW DID INJ	URY OCCU	R?			
23.			-								-
l cer	tify that I l	held an I	nquiry	Inspection Au	utopsy X one	that an th	is basis,	death in my d	pinion		
resul	ted from:	Notural cou	ses	Agcident Suici	de Homicia			red manner L	_		
ACTUAL		In X		1:		MEDICAL E		X		DATE SIGN	ED
SIGNAT EXAMIN	NER'S C	harles	S. S	pringate, M.D.	ASSOCIATE	MEDICAL E	XAMINER	□ Apr	il 21	, 1969	
24A. BURIAL CRE REMOVAL (Spec	MATION,	248. DATE		24C. NAME of CEMETERY	or CREMATORY	24D. I	LOCATION	(City, town,	ar county	(Stote)
Burial	,	4-25	-69	Baltimore A	ational	B	altime	ore. Me	rwla	nd	
25A. DATE REC'D	BY HEALTH			NAME OF REGISTRAR		AL DIRECTO		AE	DRESS	- ENG	
	IPP 2	1969	10.	5-2 Fallman	Charl	es A.	Rice	661 V	V. Be	arre St	c .
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FUNERAL DIRECTOR: IMPORTANT	proved by the chief medical examiner or his assistant if death occurred in a hospital and		T Lis
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	This certificate must be appr	34	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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1	(1)	CC		BALTIMORE CITY	HEALTH DEPARTMENT	\ /	
BIE	TH NO.	00	4	1223 CERTIFICA	TE OF DEATH	REG. NO	69 400
1.1	AME OF DECEASED					AND HOUR OF DEATH	3220
CTy	pe or Print) HEN:	SHAW. M	ARY	AGNES		RIL 22, 19	
3.	PLACE IN BALTIMORE,				4. USUAL RESIDENCE (V	here deceased lived. If i	institution: residence before admission
FU	LL NAME OF (IF	TIRZOH NI TON	At OR II	NSTITUTION. GIVE STREET	MARYLAND	Ballo.	*0. E3 0
HC	SPITAL OR AD	DRESS OR LOCA	TION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
0					BALTIMO		YES NO X
L	ST AGNES	S HOSPI	TAL		E. STREET AND NUMBER		
	U				605 CROSB	Y ROAD	
5. :			7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	Il Under 1 Yr. Il Under 24 Hrs. Manths: Doys Hours Min.
		WHITE		WED DIVORCED	2 11 92	last birthday)	Manths Doys Hours Min.
104	. USUAL OCCUPATION of during most of working life	(Give kind of work	10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or I	oreign country)	12. CITIZEN OF WHAT COUNTRY
5011	HOUSEWIF				MARYLAND		11 C A
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AMF	USA
	EDANIE DE	EL CHED					
15.	FRANK DE	I C A. I F.	0.2	il 6. SOCIAL	CATHERINE	HEALY	
(Ye:	, no or unknown) (II yes.	give war or dote:	ol serv	ice) SECURITY NO.	17. INFORMANT		ADDRESS
					ST AGNES RE	CORDS-BALT	IMORE MARYLAND
CERTIFICA	(This does not mean heart foilure, osthenia, injury or complication ANTECEI DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT CO TO THE DEATH BUT NO TO DISEASE OR CONDITION	, etc. II meons which coused DENT CAUSES DITIONS, if couse (A) ITION last. II DINDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS IN PART ON 198 CONE WAS PERFORMANCE ON 198 CONE WAS PERFORMANCE ON 198 CONE	the disc deoth.) iny, gi slaling ITRIBUTI E TERMIT 1 (A).	ving the (C).	A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or NO		FINDINGS CONSIDERED USES OF DEATH?
MEDICA	21D.TIME (Manth) OF INJURY	(Doy) (Year)	(Hous)	21E INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
	(APPROX.)			While At Not While At Work	L		
	22. I certify that (Q	(this hospital)	attend	ed the deceased from A	PRIL 21	1969 to AP	RIL 22 1969
	that (X) (we) lost sav				-		nion death occurred on the date
				e. XIX(We) (did) (MiX XX) vi			aram arabita on the dall
	23A. SIONATURE			/	on the bady offer death	•	238, DATE SIGNED
	130 it	I m	Int	m m./). Atten		Staff Phys.	
	23C. PHYSICIAN'S NAME (Type)	9-110	,070	Phys.	Director L	Phys. 📯	04 22 69
		ODT ON M	D				
24A		ORTON M		GEGREE CEAASTERY - COSA	ST AGNES H		
	BURIAL CREMATION, REMOVAL (Specify)	4 4	24	C.NAME OF CEMETERY OF CREA	MATORY 24D.	LOCATION (Ci	ity, town, or county! (Stote)
	rial	4/28/69	3.7	New Cathedral Cer	netery Ba	ltimore, Md.	21229
25A	DATE REC'D BY HEAL	TH DEPT.	25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS

VS 150-REV. 1/1/6B

NO

Hours

21224

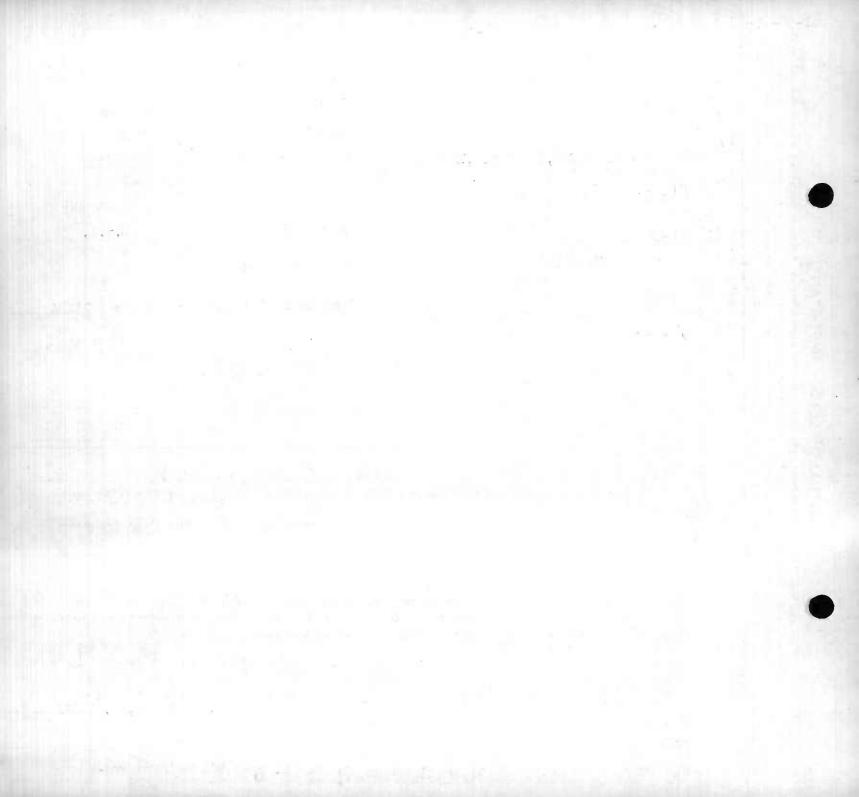
ADDRESS

BETWEEN ONSET AND DEATH

If Under 24 Hrs.

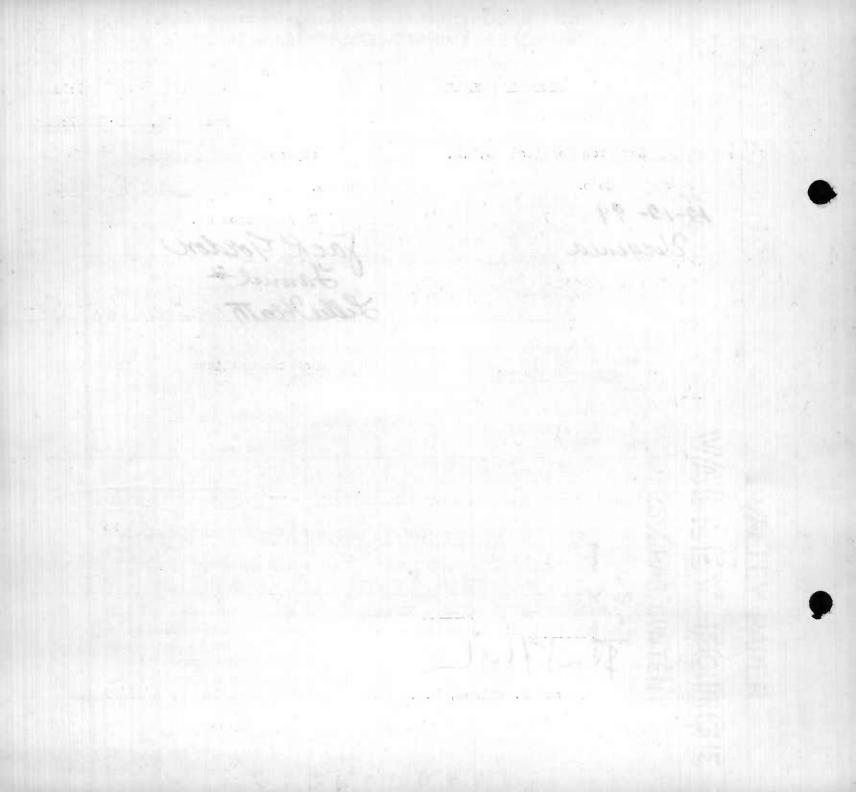
21217

ADDRESS



DO 4220 BALTIMORE CITY HI	EALTH DEPARTMENT 69 422
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Known XX Month Doy Year Hour
(Type or Print)	OF FRANKING
VICTORIA CLARK 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 4 18 69 7:25
	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	April 18, 1969 7.25
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission
Lutheran Hospital D.O.A.	A. STATE B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Colored WIDOWED DIVORCED	Balto. YES Y NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.	E. STREET AND NUMBER
12-12-99 70	1626 Ashburton St.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FAIHER'S, NAME
WHAT COUNTRY?	(Calledon)
Orgenea	XUEL GOLAGIO
ا AA. USUAL OCCUPATION (Give kind of work) ا 4B. KIND OF BUSINESS OR INDUSTR done ducing prost of working life, even if repliced)	RY 15. MOTHER'S MAIDEN NAME
Trouse likely	Fannel +
16. WAS DECEASED EVER IN U. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDRESS O
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Leller Item the Wal subjection
110	ATTI
19. CAUSE OF DEA	BETWEEN ONSET AND
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Diabetes mellitus
(This does not mean the mode of dying, e.g., (A) IMMEDIATE DUE TO, OR	AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OF	R AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
E DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or N
	Av.
ZZA. EXTERNAL CAUSE WAS 228.PLACE OF INJURY(e.g.	., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
U IIAIDEDIVINIC TOP CONTRIB	ice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E INJURY OCCURRED	
(ADDROY)	WORK
23.	HORK 🔲
I certify that I held on Inquiry Inspection XX A	utopsy ond that on this basis, death in my opinion
resulted from: Notural couses XX Accident Suici	ide HomicIde Undetermined monner
	CHIEF MEDICAL EXAMINER DATE SIGNE
ACTUAL SIGNATURE M.	.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NIAME /T	4/19/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME, of CEMETER)	
REMOVAL (Specify)	1 8 h
BUHIAL 4-22-67 11/4 (111)	MIMMI Em Palto Mo
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR ADDRESS

VS 151-REV. 1/1/68



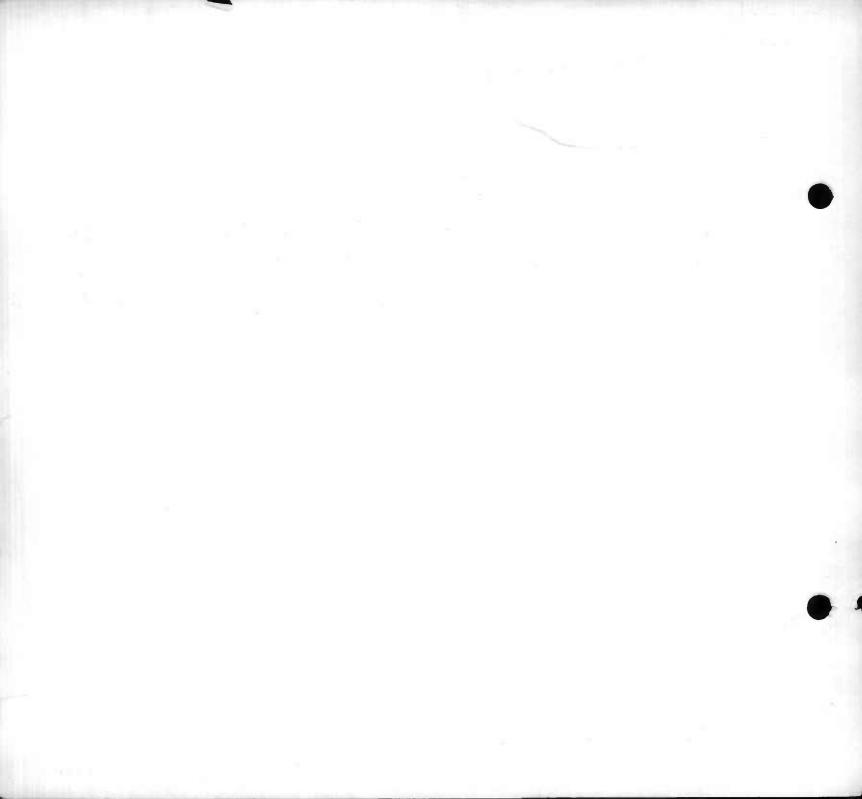


VS 150-REV. 1/1/68

	69	4227		HEALTH DEPARTME		CO	4000
BIRTH NO.	00	2661	CERTIFICA	TE OF DEAT	TH REG. N	10. 69	9661
1. NAME OF DECEASED	D	11		2. DA	TE AND HOUR OF	EATH	
MILDRE		L/ER			4/14/69		10:20 A
3. PLACE IN BALTIMORE, M	ARTLAND, WHERE	PRONOUNC	ED DEAD	A. STATE B.	E (Where deceased live COUNTY	d. If institution:	residence before admission
FULL NAME OF HOSPITAL OR ADDR	T IN HOSPITAL O	R INSTITUTION	N, GIVE STREET	Macy land			12-05
INSTITUTION	en at ma	moli	A1 16.10-	C. CITY OR TOWN		. INSIDE CITY	
44 000	OTO THE	MORIE	1/103/1	E. STREET AND NUM		YES &	NOL
TICALVE	RI 4.	9310	Col	1	LOYETTE St.	,	
5. SEX 6. RACE		ARRIED U	EVER MARRIED	8. DATE OF BIRTH	lo ACE (I	1	der 1 Ys If Under 24 H s Days Haurs Min.
F	• AAII	DOMED	DIVORCED	9/22/30	last birthday	9	Doys Hours Min.
10A. USUAL OCCUPATION (Gi done during most of working life, e	ve kind of work 108, i	KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State	at fateign country!	12. CI	TIZEN OF WHAT COUNT
LAUNDRY DEPT.	1	sundry	WIRKER	South Co	snolina	ł	U.S.D.
13. FATHER'S NAME	,			14. MOTHER'S MAIDE			
	IdE			BESSIE	BRUNSO	N	
15. Wes Deceased Ever in U. (Yes, na ar unknawn! (If yes, giv	S. Armed Farces? e war at dates af t	service) 16.	SOCIAL SECURITY NO.	17. INFORMANT			43 the st.
				Hother	4	12 .	ST.
DISEASES OR CONDITIONS IN THE CONDITION OF CONDITION	cause (A) stali	giving ng the	DUE TO, OR AS	A CONSEQUENCE OF:			
z 1	•					~ ~	
OTHER SIGNIFICANT CONT TO THE DEATH BUT NOT IN	RELATED TO THE TER	MINAL				C.S.	
DISEASE OR CONDITION OF THE PROPERTY OF THE PR	198 CONDITION WAS PERFORM	N FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes		WERE FINDING G CAUSES OF	S CONSIDERED DEATH?
21A. ACCIDENT WAS UN OR CONTRIBUTING CA	DERLYING	218. PLAC	CE OF INJURY (e.g., in	or about 21 C. WHERE	DID (If In B)	altimare City, al	ve exact location)
DEATH Inatify medical exa	mined	elc.)	m, lactory, street, af	fice bidg., INJURY OCC	U R?		The state of the s
21D.TIME (Month) (Day) (Yearl (Har	ud 21E MJL	JRY OCCURRED	21F. HOW DI	D INJURY OCCUR?		
(APPROX)		While At	Not While				
22. I certify that (1) (th	is hospital) otte			7/12/67		4/1	4 19 69
that (1) (we) last sow t			114	/ / / /		, , , , , , , , , , , , , , , , , , , ,	oth accurred an the do
and have and from the) (did) (did not) v			2 aprillon de	an accourse an the ac
23A. SIGNATURE	1.67.			,		23 B, DA	TE SPENED /
7	-	- H.	D. DEGREE Phys	nding Med.	Staff Phys.	1	-/11/69
23C. PHYSICIAN'S NAME (Type)	-			3D. ADDRESS			1
	-					10	/
1	E. Fosse	4.	D, GEGREE	UNION 1	nenouis	Hosp	ital
1	B. POSSO	14. NAME (D GEGREE OF CEMETERY OF CRE		4D. LOCATION	Hosp (City, town,	or county! (State)
24A. BURIAL CREMATION, 24	118/69	A. 24C. NAME	D, GEGREE		UESPORT I	Hosp (City, Kwn,	or county (State) MACHANIA



VS 150-REV. 1/1/6B



BALTIMORE CITY HEALTH DEPARTMENT

NO

Phila.,

BETWEEN ONSET AND DEATH

Doys

USA

MD.

If Under 24 Hrs.

VS 150-REV. 1/1/6B

IMPORTANT

FUNERAL DIRECTOR:

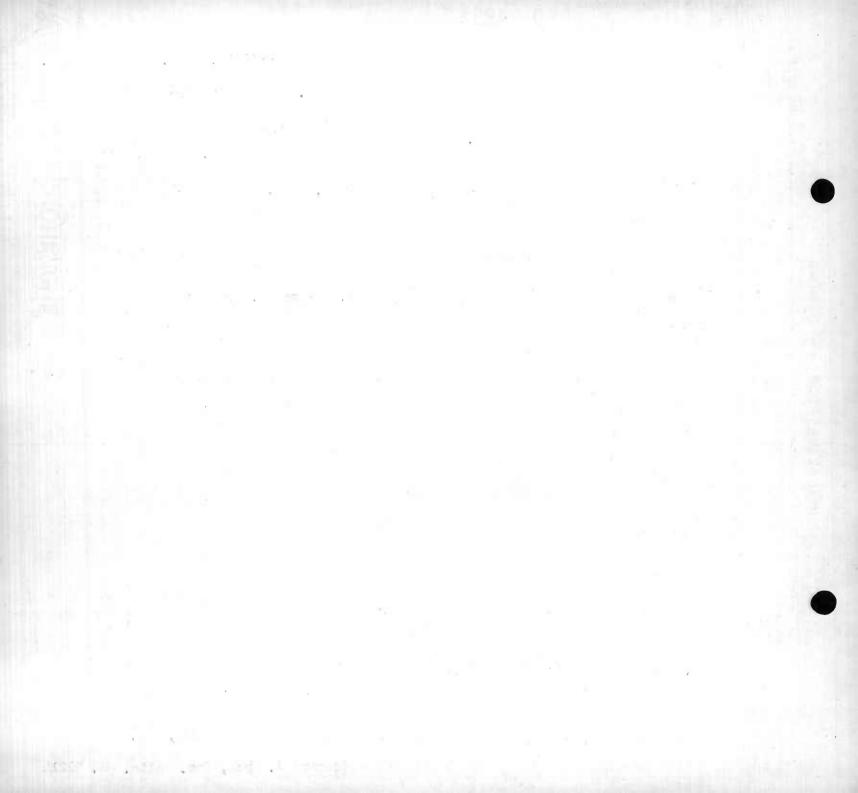
4 SHO & Kente MIT 34 K Red. Somet / Handay ma.

CELLIA GRAD ANDRESS THEATH SHIPLY MIR. 2004 SELVINGE descended when you I will a server 0.00 Oth.

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B





e on the	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
on .	(Type or Print) TAYLOR, LOLA V.							
# # # # # # # # # # # # # # # # # # #	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed fived, If institution; residence before odmission) A. STATE B. COUNTY						
de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland D. Inside City Limits?						
attend ior to	The Day was Hora	Boltimore YES NOT						
9		STREET AND NUMBERS mont						
9 9 9		3717 Chestmount Aux.						
(4) Underermined Was in regular the deceased pr isposition is made.	Female White WIDOWED DIVORCED I	DATE OF BIRTH 9. AGE (in years lost birthdoy) 11 Under 1 Yr. Il Under 24 Hrs. Months; Doys Hours Min.						
n -	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even if retired)	. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?						
dec dec	HOWSRATE 13. FATHER'S NAME	Virginia American						
was the sposi		MOTHER'S MAIDEN NAME						
	ISSIAH MESSICK	Crace Hall						
7 = 0 _	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dales of service) 16. SOCIAL SECURITY NO.	INFORMANT ADDRESS URS HARION BENTZ 3717 Charact Aug						
200.5	No None	1004						
unced trendan	18. 162 CAUSE OF DEATH	Bolding 2/20 6 APPROXIMATE INTERVAL						
puce end of	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH						
SEE	This does not mean the mode of dying, e.g., (A)MMEDIATE CAUSE	Brondoganie carcinoma						
pronc lar a								
3 - 5 E	ANTECEDENT CAUSES	exelval metastosis.						
who	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A	CONSEQUENCE OF:						
_ 0	rise to the abave cause (A) stoting the							
S G	UNDERLYING CONDITION lost. (C)	***************************************						
hysician n was ir remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
an re	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************						
Sici	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
re the physici fore the	U 21A ACCIDENT WAS UNDERLYING 1 1218 PLACE OF INTURY (e.g. in a							
pt where (6) No p	OR CONTRIBUTING CAUSE OF home, farm, fociory, street, office etc.)	bldg., INJURY OCCUR? (If In Boltimore City, give exact location)						
6)	21D. TIME (Month) (Doy) (Yeerl (Hour) 21E INJURY OCCURRED White A	21F. HOW DID INJURY OCCUR?						
d d	S IAPPROX.) White AI Not White At Work At Work							
excer and obtai	22. I certify that (i) (this hospital) attended the deceased from M							
700	that (i) (we) last saw the deceased alive an April 23	19 and that in(my) (aur) apinion death occurred an the date						
art st l	and haur and from the causes stated above. (i) (We) (did) (did not) view	v the bady after death.						
de U	23A. SIGNATURE	23B, DATE SIGNED						
A. at a hospital prior to death); pproval must be	Ven - Hsin Lin MD OEGREE Phys.	ng Med. Stoff Phys. April 23, 1869						
rior	23C-PHYSICIAN'S NAME (Type) 23D	The Union Memorial Hosp.						
A at a prior	Wen-Hsin Lin	The Union Memorial Hospital						
O P B	REMOVAL (Specify)	ATORY 24D. LOCATION (City, town, or county) (State)						
O So	Burial 4/26/69 Baltimore	Baltimore, Maryland						
was D.O.A deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
202	APR 24 1969 107 9 & 29 100 Per 1	Leonard Rick Inc. Baltimore, Maryland						
	VS 150-REV- 1/1/6B							

69

REG. NO.



B-400

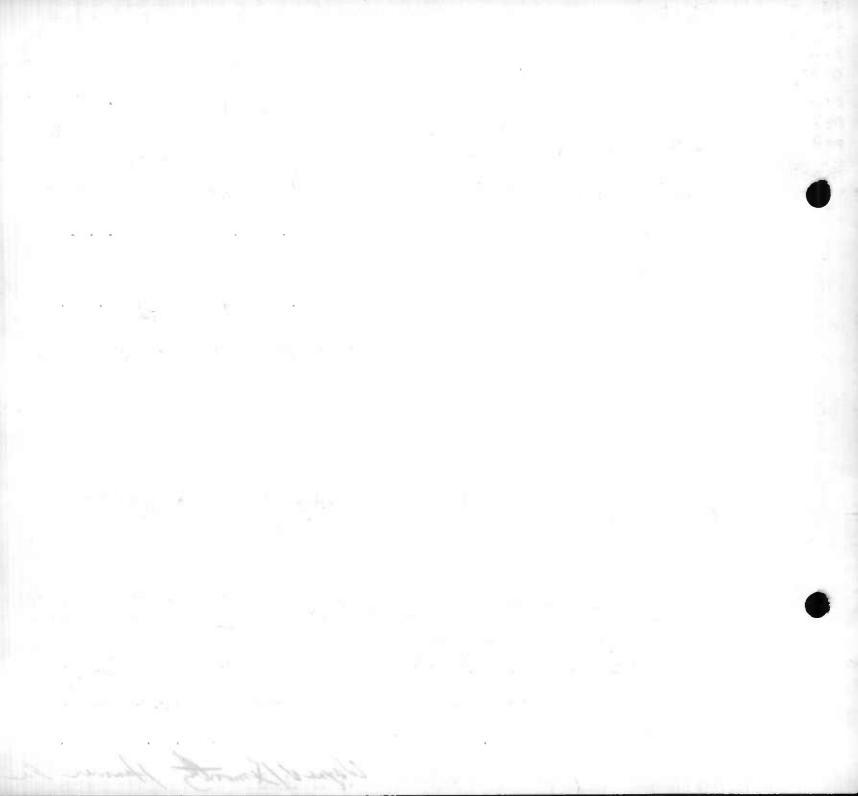
4234 BALTIMORE CITY HEALTH DEP

			MED			MAINIED'S			DEAT	$_{L}X$,	20	001
BII	RTH NO.		MED	ICAL	EXA	MINER'S	LEKTIFIC	LATE OF	DEAT	REG. NO.		19 4	234
1.	NAME OF DE		MICHAEL	ВО	LEY		2. DATE OF DEATH	Known X Estimoted	Manth April	Doy 19, 19	Yeor	Hour	
4.	PLACE IN BA	LTIMORE, MA	ARYLAND, W	HERE PI	RONOUNG	ED DEAD	3. DATE		Month	Doy	Yeor	r Haur	<u>M.</u>
HC	LL NAME OF SPITAL INSTITUTION		OT IN HOSPITA		TITUTION, G	SIVE STREET		NCED DEAD		. 19, 19		11:C	- 1111
L			ore Cit					aryland		B. COUNTY	BA	LTP	Co
6.	SEX	7. RACE		B. MARI	RIED NE	VER MARRIED	C. CITY OR	TOWN ES	SEX	D. INSIDE CI	TY LIMITS	5?	
-	Male	Whit		WIDOV		DIVORCED .	k1	altimore		Y	ES 🛣	NO 4	7
9.	PATE OF BIRT		10. AGE (In lost birthdo)	1)	Manths D	Yr. If Under 24 Hrs. ays Haurs Min.		on Number 6 Mulber	ry Lane			53	-00
11.	BIRTHPLACE (State or forei	gn caunity)			COUNTRY?	13. FATHER'S	LVA	It B	OLEY			
				4B. KINI		NESS OR INDUSTR	Y IS. MOTHER	'S MAIDEN NA					
agn	e during mast of	CHOOL	Bub				LA Z	ONA	WIN	DON			
	WAS DECEAS					SOCIAL SECURITY NO.	1B. INFORM	ANT		A	DDRESS		
L	NO					-	ALV	A BOL	EY	A	Bou		
	193 98	X				CAUSE OF DEA	TH				BE	APPROXIMATE	
	DISEAS		DITION DIREC	CTLY									
	(This daes i	LEADING To	made of dy	ing, e.g.,			AS A CONSEQU	umatic h	eart di	sease			
Г	heart failure	e, osthenio, et	c. It meons the ich coused dec	diseose,		DUE 10, OK	AS A CONSEQUE	DENGE OF.					
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE												
Z	UNDERLAI	NG CONDII	ION LASI.			(c)							
CERTIFICATION	OTHER SIGN TO THE DE	ATH BUT NO	II NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERM	INAL								
RTI	20A. DATE O					CH OPERATION W	AS PERFORMI	ED			21. AU	TOPSY? (Yes	or No)
Ö	0											No	
EDICAL	UNDERLYING		TRIB-	Time		E OF INJURY(e.g., o, factary, street, office			(If in Baltimar	e City, give exc	act lacation		
ME	OF INJURY		ATH. Day) (Year) (Hau	r) 22E.IN WHILE	JURY OCCURRED	WHILE -	F. HOW DID IN	NJURY OCCU	JR?		- 38	
	(APPROX.)				m. WORK		VORK						
	I cer		neld an II Natural cau				tapsy Ho	and that an		death in my			
	16301		n	0	/ Accide	Sole.		HIEF MEDICAL			_		
	ACTUAL SIGNAT	TURE	han	2	1,0	mat M.).	TANT MEDICAL		IX		DATE SIC	SNED
	NAME (harles	S. S	pring	ate, M.D.	ASSO	CIATE MEDICAL	EXAMINER	Apr	il 21	l, 1969	
	A. BURIAL CRE	MATION,	24B. DATE 4/2.	3/69	24C. NA	AME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, tow	n, or coun	(Si	tate)
25	A. DATE REC'D	BY HEALTH	DEPT.	2SR N	IAME OF	REGISTRAR	125C F	UNERAL DIRECT	TOR	C/ 0.	DDRESS	D.	-
23	DATE NEG D	AUU	a some	230.	3 2 6	1 % O 4							90
Ve	101 DEV 1/1/4		1303		7, 8	G CONTRACTOR	0 4	S.CON.	NELL	1 50	NS	mx	cE
۸.2	IS1-REV. 1/1/6	D		1 1	100	S. Phys. C.		has we !	2				

69 4235 BALTIMORE CITY HEALTH DEPARTMENT

l	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 69 4235								
1	NAME OF DECEASED Type or Print) HOWARD, NEELY	2. DATE Known & Month Doy Year Hour OF Estimoted April 20, 1969							
1	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted April 20, 1969 M. 3. DATE Month Doy Yeor Hour							
1	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD April 20, 1969 5:37 A.M.							
-4	OK INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission) A. STATE B. COUNTY							
	Baltimore City Hospital (DOA)	Maryland BALTO							
Al'	5. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN ESSEX D. INSIDE CITY LIMITS?							
	Male White WIDOWED DIVORCED P. DATE OF BIRTH 10. AGE (In years If Under Yr. Under 24 Hrs.	Baltimore YES A NO							
	5/26/44 lost birthdoy) 24 Months, Doys, Hours, Min.	48 Moline Circle							
- 11	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME EL HOWARD NEELY							
ĩ	4A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME							
C	lone during most of working lite, even il retired) AUTO	GRACE PHILLIPS							
1	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS							
1	Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. 217-38-7820	ANNA NEELY ABOVE							
	19. CAUSE OF DEA								
1	LEADING TO DEATH	lerotic cardiovascular disease							
1	(This does not mean the mode of dying, e.g.,	CAUSE AS A CONSEQUENCE OF:							
1	heort loilure, osthento, etc. It meons the diseose, injury or complication which coused death.)								
1	ANTECEDENT CAUSES (B)								
1	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:							
1	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)								
1	(0),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.								
1	20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)							
1		Yes							
١		In or obout 22C. WHERE DID (II in Boltimore City, give exact location) to bldg., etc.) INJURY OCCUR?							
1	22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?							
1		WHILE VORK							
1	23.	YORK II							
	I certify that I held an Inquiry Inspection Au								
1	resulted fram: Natural causes Accident Suici	de Hamicide Undetermined manner							
-1	Con all A	CHIEF MEDICAL EXAMINER DATE SIGNED							
1	SIGNATURE CLEAN ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER								
	EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER April 21, 1969								
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)								
	BURIAL 1/23/69 HOLLY HI	LL BALTO. MO.							
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS 300							
	APR 24 1969 12 2 3 Equipme	J.G. CONNELLY SONS MACE							
1	/S 151-REV. 1/1/68								

Paradological Control of the Control



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VS 151-REV. 1/1/6B

BIE	RTH NO.		MED	ICAI	. EX	AMINER'S	CERTII	FICATE	OF	DEAT	H REG. N	No. 6	9	4237
	NAME OF DEC	EASED					2. DATE	Known	П	Month	Day	Yeor	- TH	our
(Type or Print) HENRY ZINDER					OF DEATH			April		1969		2:02 A.M.		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE		- 10	Month	-Doy	Yeo	Н	our			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION				5 IISIIA	OUNCED DE	- (Where	Apri]		1969		:02 A. M			
and the	SINAI	HOSPIT	AL (DOA)			A. STATE	Marylan	nd		B. COUN		1 1	7-16
6.	SEX	7. RACE		B. MARI	RIED 🛚	KNEVER MARRIED	C. CITY	OR TOWN			D. INSID	E CITY LIMITS	5?	
M	ale	Whit	e	WIDO			_	timore				YES 🔲	NO	
				1.	E. STREET AND NUMBER 4611 Reistertown Road									
11.	BIRTHPLACE (S	tote or foreig				ITIZEN OF		13. FATHER'S NAME						
	LATVIA					HAT COUNTRY?	HE	HERBERT ZINDER						
	USUAL OCCU			4B. KIN		USINESS OR INDUST	RY 15. MOT	HER'S MAIDE	EN NAN	NE .	2			
don	e during most of w REPAIR		en if refired)	A I	то		1	IEBA		6	1			
	WAS DECEAS	ED EVER IN		FORCE	5?	17. SOCIAL	IB. INFO				•	ADDRESS		
(Ye	s, no or unknown)	(If yes, give w	vor or dates	of service	≥)	SECURITY NO. 557-40-5471	MDC	ROSE Z	TAIDE	D 161	1 DET	STERSTO	Yest	DUAD
	19. 1/1	11		_		CAUSE OF DE		NUSL Z	TINDE	701	I NLI.		APPRO?	CIMATE INTERVAL
	419	7				Artori	occlor	otic ca	rdio		on di		TWEEN	ONSET AND DEATH
		E OR COND		CTLY				otit ta	ilulo	vascui	ar ur	sease		
	LEADING TO DEATH (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:													
	heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.)													
N.O.	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)													
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERM	AINAL	• 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ign care and spin and the last to the last	· •• •• •• •• •• •• •• •• •• •• ••					
ERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA						WAS PERFO	RMED			- Pelli	21. AU	TOPSY	(Yes or No)
-													10	
EDICA														
Σ	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?													
	(APPROX.) m. WHILE AT WORK AT WORK													
	I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion													
	resulted fram: Notice Accident Suicide Hamicide Undetermined manner													
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSI													
L	EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 4/23/69													
	A. BURIAL CRE/ MOVAL (Speci		4B. DATE		240	. NAME of CEMETER	Y ar CREM	ATORY	24D. I	LOCATION		town, or cour		(Stote)
	BURLIAL		4-24-	69	B	ETH YEHUDA		KURLAND			IMORE	, MARYI)
25	A. DATE REC'D	BY HEALTH I	DEPT.	25B. N	VAME	OF REGISTRAR	S 25	C. FUNERAL OL LEVI	NSON	E BRO	S., I	NC.		01017

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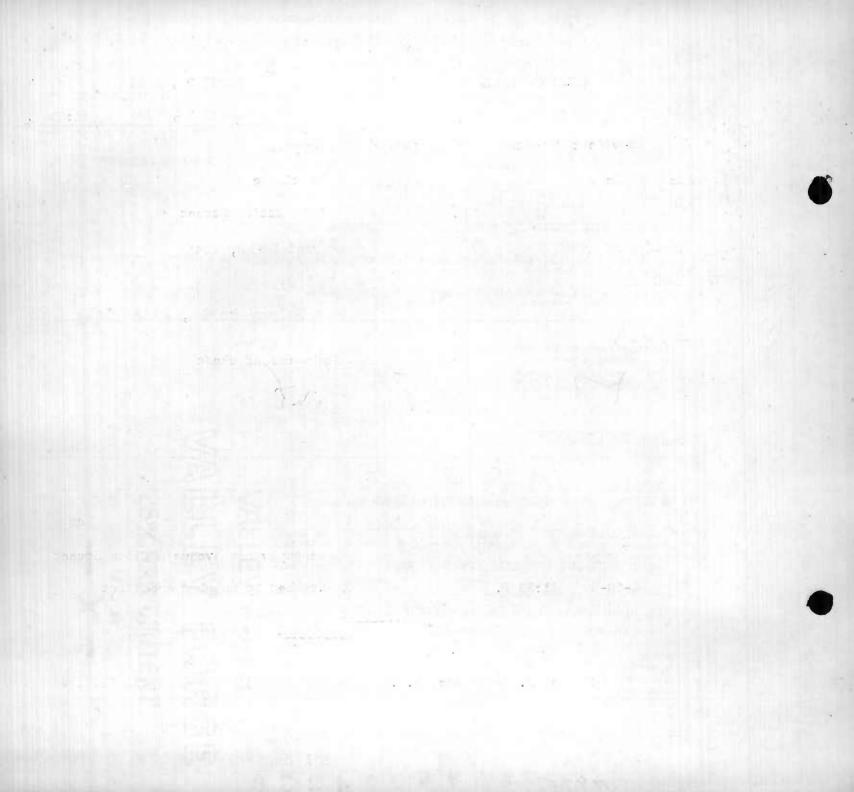
AND THE REPORT OF A PERSON AND A PERSON AND

CANADA DESCRIPTION OF STREET AND ASSESSMENT OF STREET ASSESSMENT OF STREET ASSESSMENT OF STREET AND ASSESSMENT OF STREET ASSESSMENT OF

MANUAL CALL STATE OF THE STATE

69 4238 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 100 42.00							
1. NAME OF DECEASED (Type or Print) DELONI BELL	2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted April 20, 1969							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD April 20, 1969 11:43 P.M.							
Provident Hospital (DOA)	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY 4-03							
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
Male Negro WIDOWED DIVORCED	Baltimore YES X NO							
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER 2314 Etting Street							
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME							
Baltimore Md WHAT COUNTRY?	Deloni Bell, Sr							
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME							
School	Daisey							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS							
(1 es, 110 of officional) (1 yes, give wor of doles of service)	Mrs Daisev Bell , 2314 Etting St							
19.E 966X 1 CAUSE OF DEA								
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH (A)IMMEDIATE								
heort foilure, osthenio, etc. It meons the diseose,	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,							
injury or complication which coused death.)								
ANTECEDENT CAUSES (B)								
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
(C)								
OF TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W								
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)							
Ö								
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location)							
	ce bldg., etc.) INJURY OCCUR?							
UTING CAUSE OF DEATH.	Pennsylvania Avenue & Bloom Street							
OF INJURY NO.	T WALLE							
(APPROX.) 4-20-69 11:33 P.m. WORK L. AT V	WORK X Stabbed by unknown assailant							
	23.							
I certify that I held on Inquiry Inspection Autopsy X and that on this bosis, death in my apinion								
resulted from: Notural causes Accident Suicide Homicide X Undetermined monner								
CHIEF MEDICAL EXAMINER DATE SI								
SIGNATURE CLASS - SAL M.E.	ASSISTANT MEDICAL EXAMINER X							
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER April 21, 1969								
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	***************************************							
REMOVAL (Specify)								
Burial 1/25/69 Mt Aubur	n Company Baltimore Md							
25A. DATE REC'D BY HEALTH DEPT! 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS							
and the second of the second o	Adolphus Halstand 1206 W North Ave							



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a hospital and

BALTIMORE CITY HEALTH DEPARTMENT 69	4239				
BIRTH NO. 69 4239 CERTIFICATE OF DEATH REG. NO. 69	•				
1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH					
George Robinson 4-17-69	11:14 a				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	TT:T48				
A STATE B. COUNTY	ce pelora camissia				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland	4-03				
Provident Hospital, Inc. C.CITY OR TOWN D. INSIDE CITY LIMITS					
1514 Division Street Baltimore YES	по П				
E. STREET AND NUMBER	110				
Baltimore, Maryland 2025 McCulloh Street					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years III Under 1 Yo					
alle U Months Doy:	Hours Min.				
WIDOWED DIVORCED 1					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or lareign caunity) 12. CITIZEN (FWHAT COUNTR				
BTCHMOND TA	S A				
	O A				
3- FATHER'S NAME					
UNKNOWN					
5. Was Deceased Ever in U. S. Armed Forces?	200				
	RESS				
? 228-10-6221 Mrs. Yvonne Rice - Neice SAN	1E				
18. 9 / O CAUSE OF DEATH	ROXIMATE INTERVAL				
BETWE	EN ONSET AND DEAT				
LEADING TO DEATH					
(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE OF CONFERENCE OF THE MODE OF THE MOD					
hearl failure, asthenia, etc. It means the disease					
injury or complication which caused death.)					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:	************				
UNDERLYING CONDITION last. (C)	4				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B-CONDITION FOR WHICH OPERATION WAS PERFORMED 21A-ACCIDENT WAS LINDERLYING 12B-BLACE OF INVANO 21B-BLACE O	ADERED.				
198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CON-	?				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID					
OR CONTRIBUTING CAUSE OF	locotian)				
DEATH (natify medical examined etc.)					
21D.TIME (Manth) (Day) (Yeor) (Haus) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.) While At Not While					
Wark At Wark					
22. I certify that (I) (this hospital) attended the deceased from April 9, 1969 to April 17.	10.60				
that (I) (we) last and I I I I I					
	urred an the date				
and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.					
23A. SIGNATURE	IED				
23C, PHYSICIAN'S Affending Med. Stoff Phys. Director Phys. 14-17-69					
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS					
G. TENGCM.D. 1514 Division Street Balto., Ma	ryland				
A. BURIAL CREMATION, 1248, DATE 124C NAME AL CEARSTEIN CREMATION					
Burial 1/25/60 3500	y) (State)				
Jan Deliver A A Country	MA				
SA, DATE REC'D RY HEALTH DEPT. DEP MAARE OF PROJETTION	DRESS				

25C. FUNERAL DIRECTOR Ado Dohlis

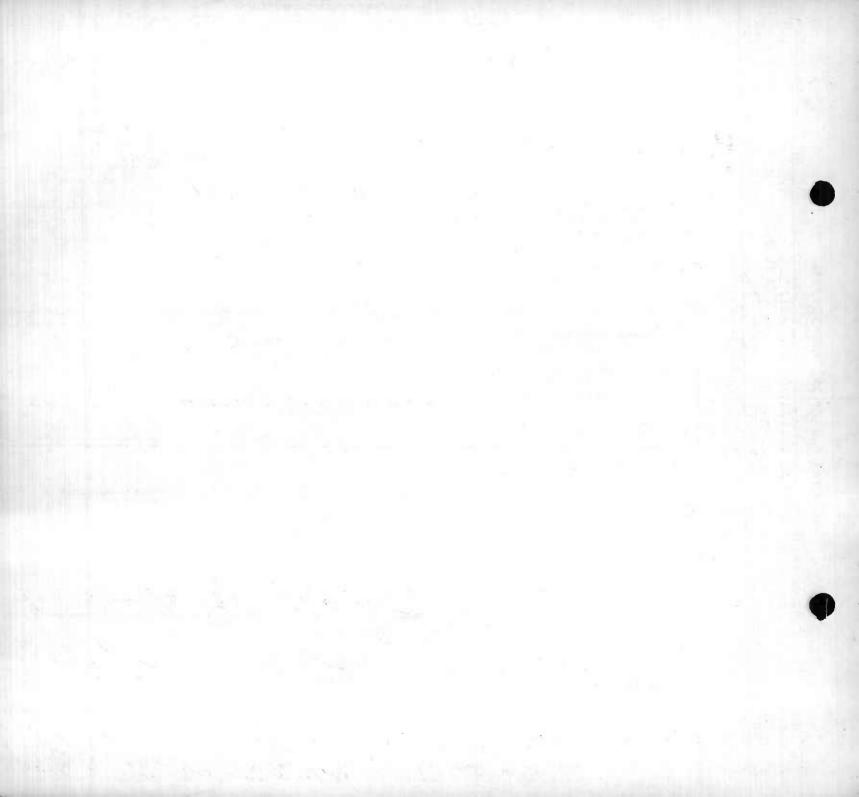
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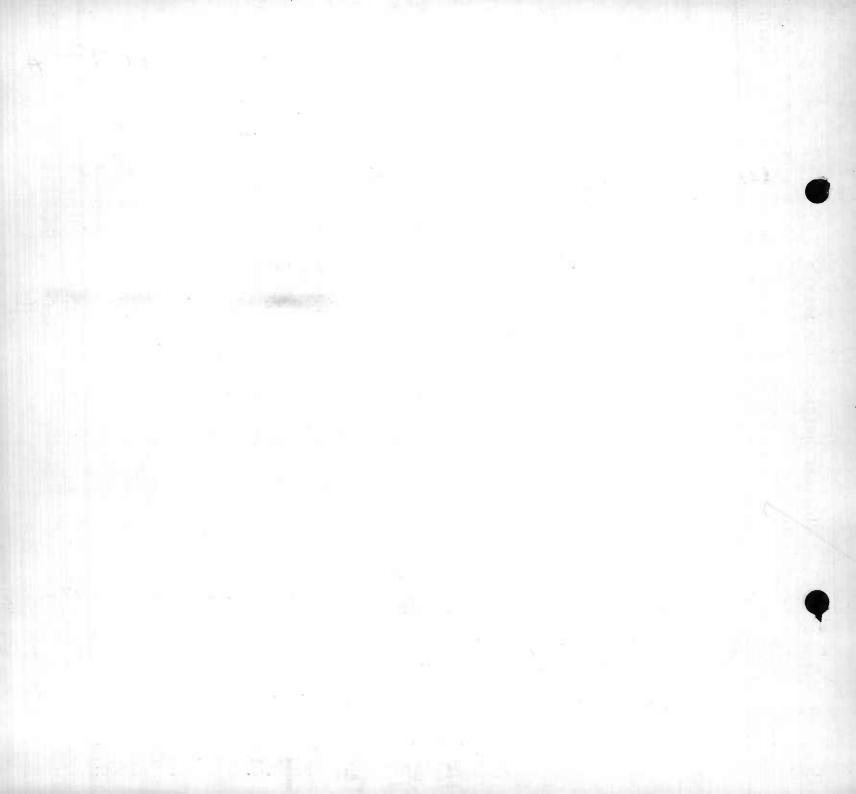


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DIRECTOR:

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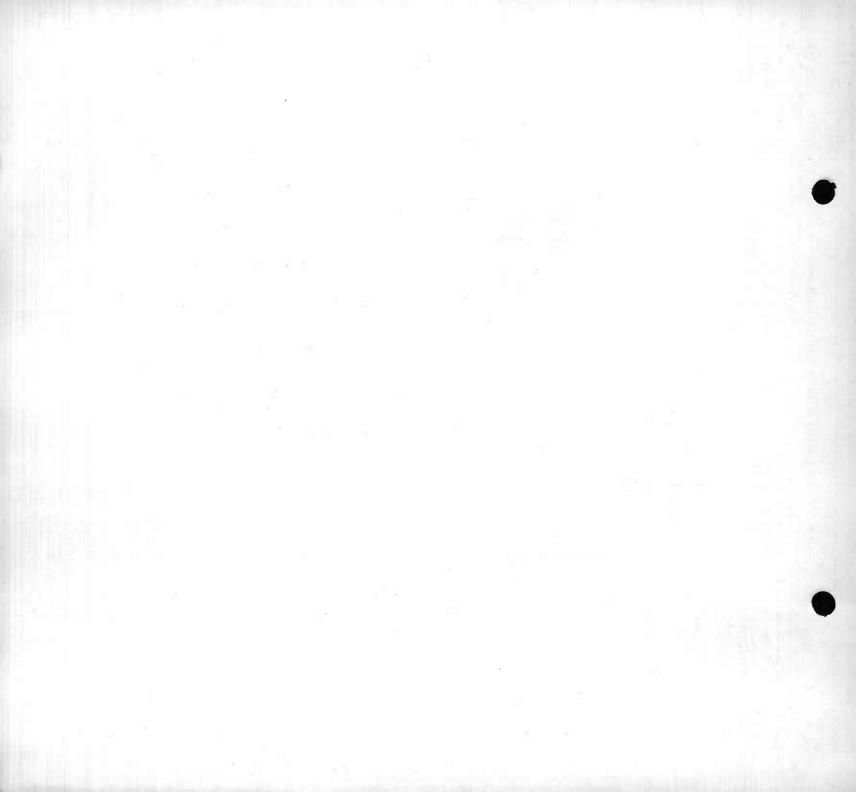
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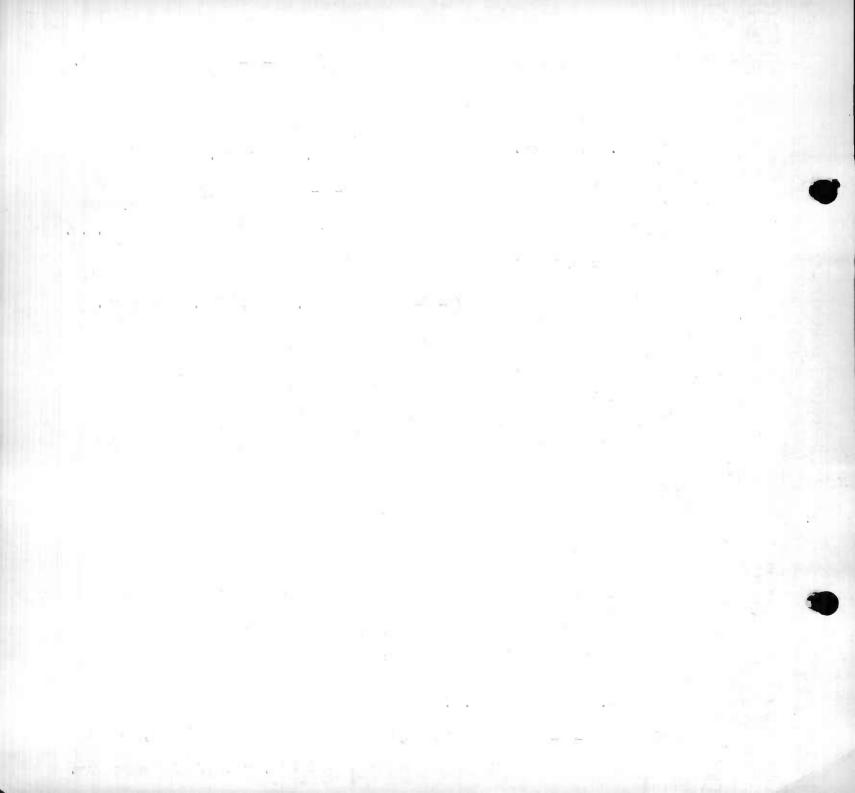
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BALTIMORE CITY HEALTH DEPARTMENT



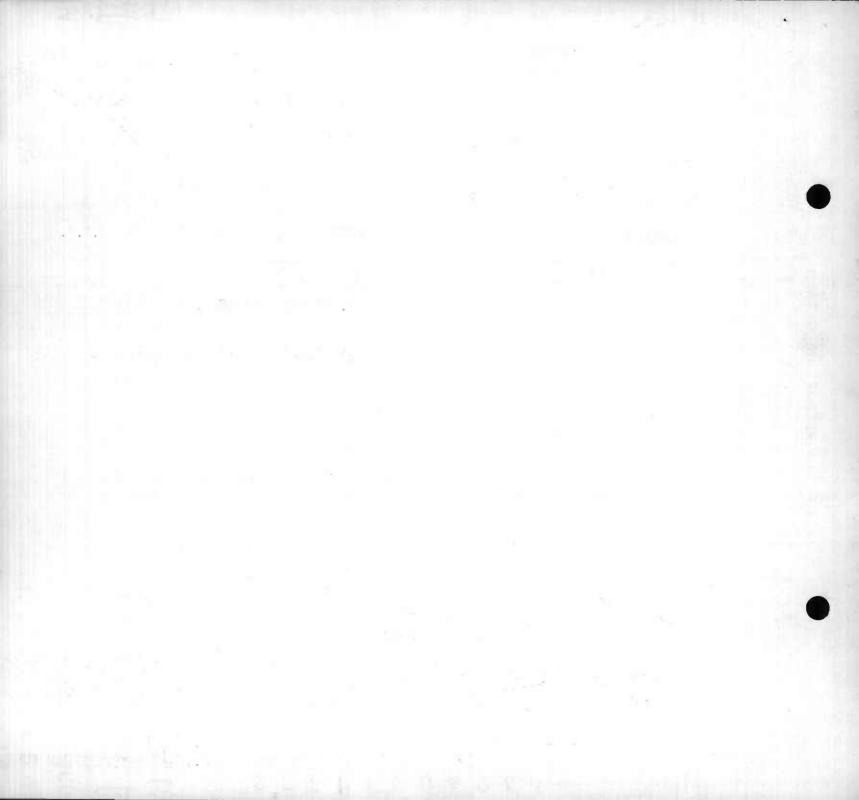




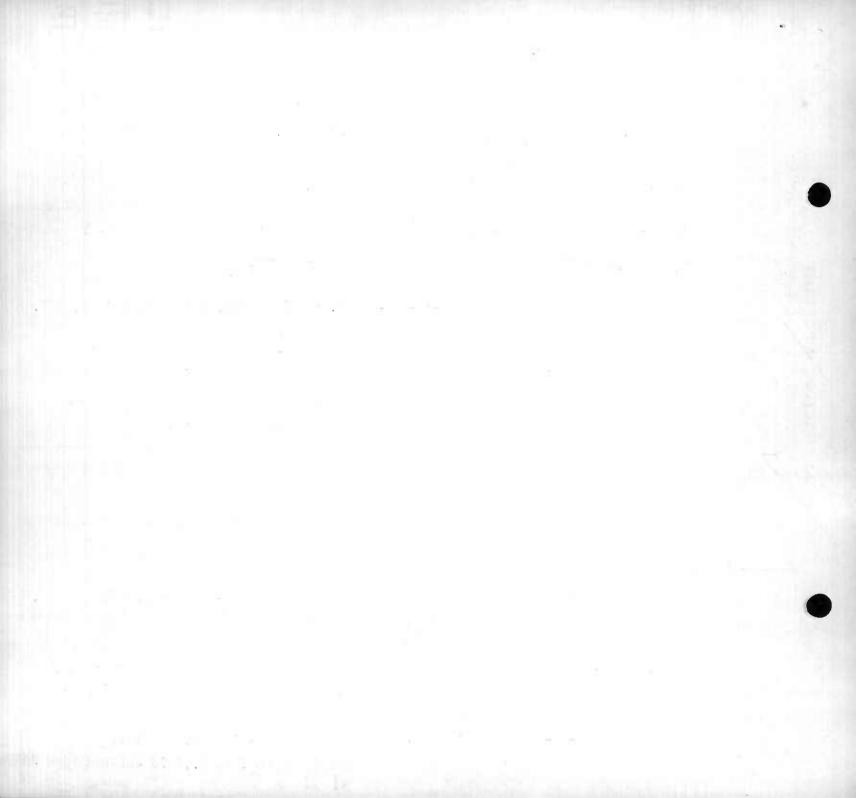
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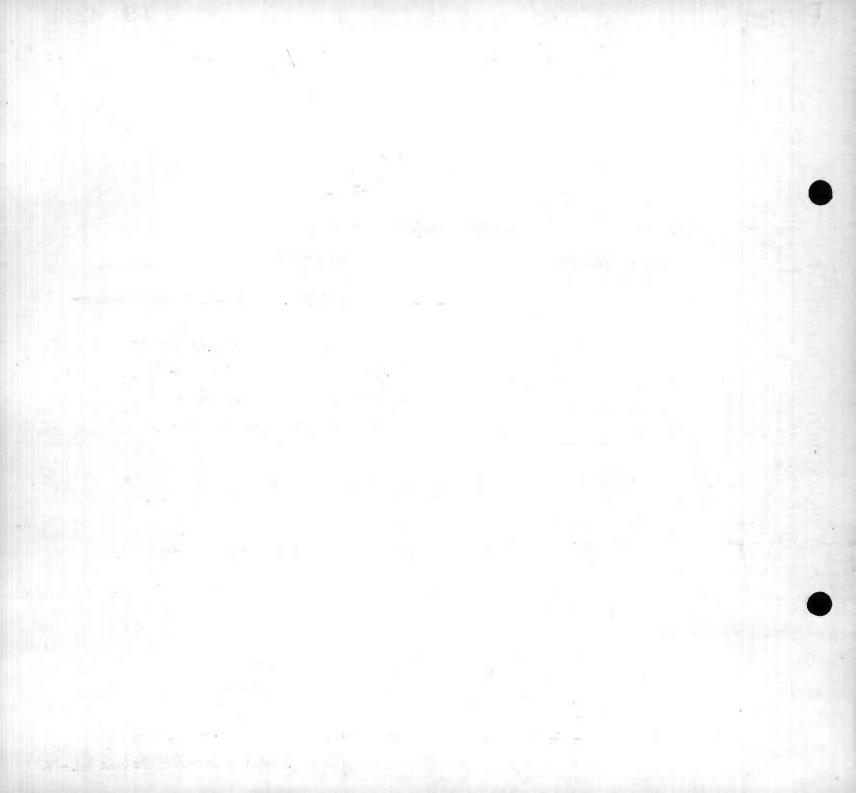
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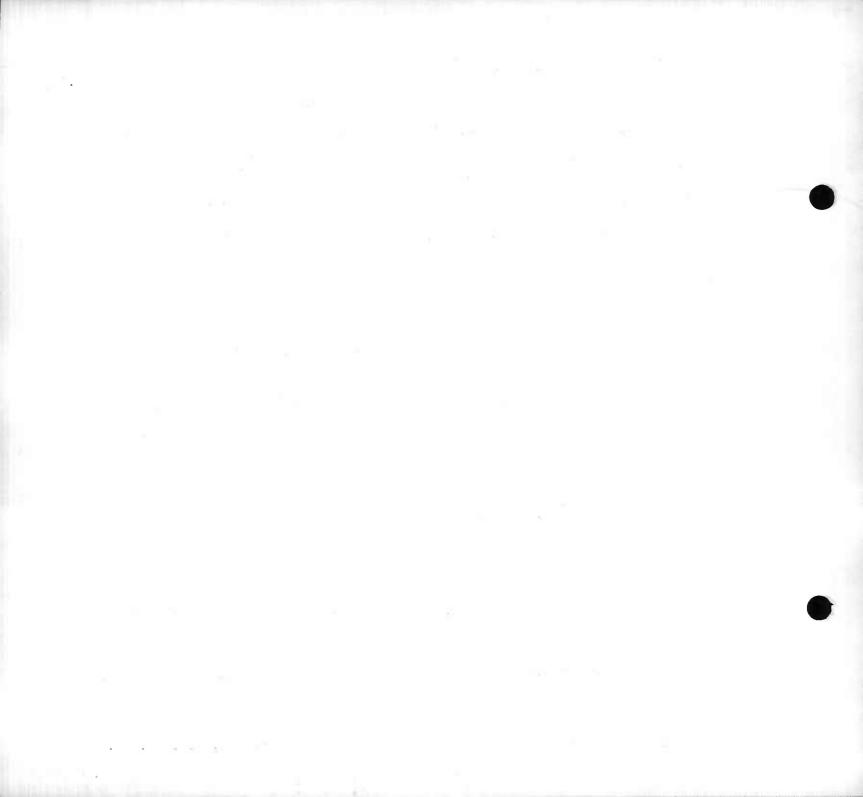
1	K-69 4247 BALTIMORE CITY HEALTH DEPARTM	ENT CO ADAM
D.I.	CERTIFICATE OF DEA	TH REG. NO. 03 4641
1.1	1. NAME OF DECEASED W. Type or Print) - CRMAN. KRAMER	APRIL 21, 1969 1135 A N
FU	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION SINAI HOSPITAL OF BALTIMORE, LNC BALTIMORE, HARYLAND 21215 4. USUAL RESIDENCE A. STATE MARYLAND E. STREET AND NU 3314 CLA	D. INSIDE CITY LIMITS? YES NO MBER
	S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
do		THORE, Md. USA
13.	13. FATHER'S NAME 1SRAEL KRAMER BESSIE	DEN NAME
15. (Ye	15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
	XX NO 216-36-7604A MRS. BELLE CAUSE OF DEATH	KRAMER, 3314 CLARKS LANE, APT. A
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injuty or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoting the UNDERLYING CONDITION last. (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:	MIA. UKINDRY TRACTINECTON >1 months. Strenge DIBLLITATION OF 10 YEARS DAKINSONS DISEASE.
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? Y	(es or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
٩	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING home, form, foctory, street, office bidg., INJURY OCCUPANT OF STREET, INJURY OCCUPANT OCCUPANT OF STREET, INJURY OCCUPANT OCCUPANT OF STREET, INJURY OCCUPANT OCCUPANT OF STREET, INJURY OCCUPANT OF STREET, INJURY OCCUPANT OCCUPANT OF STREET, INJURY OCCUPANT OCCUPANT OF STREET, INJURY O	CCUR? (If in Boltimore City, give exact location)
FDL		DID INJURY OCCUR?
	22. I certify that (I) (this haspital) attended the deceased fram 3/29 that (I) (we) ast saw the deceased alive an 19 69 and hour and fram the causes stated above. (I) (We) (did not) view the bady after	and that in(my) (our) opinion death occurred on the da
	23A. SIGNATURE Attending Med. Direct 23C. PHYSICIAN'S NAME (Type) Attending Med. Direct 23D. ADDRESS 57WAL HOS	or D Shaft A 238. DATE SIGNED 4/21/69 DITAL OF RATTIMERP MINE
24	Cescie Noramowill Mo DEGREE	24D. LOCATION (City, lown, or county) (Stote)
	BURIAL 4-23-69 HEBREW YOUNG MEN	BALTIMORE, MARYLAND
25	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR SOL LEVIN	VSON & BROS., 6010 REISTERSTOWN ROA
V	VS 150-REV. 1/1/6B	

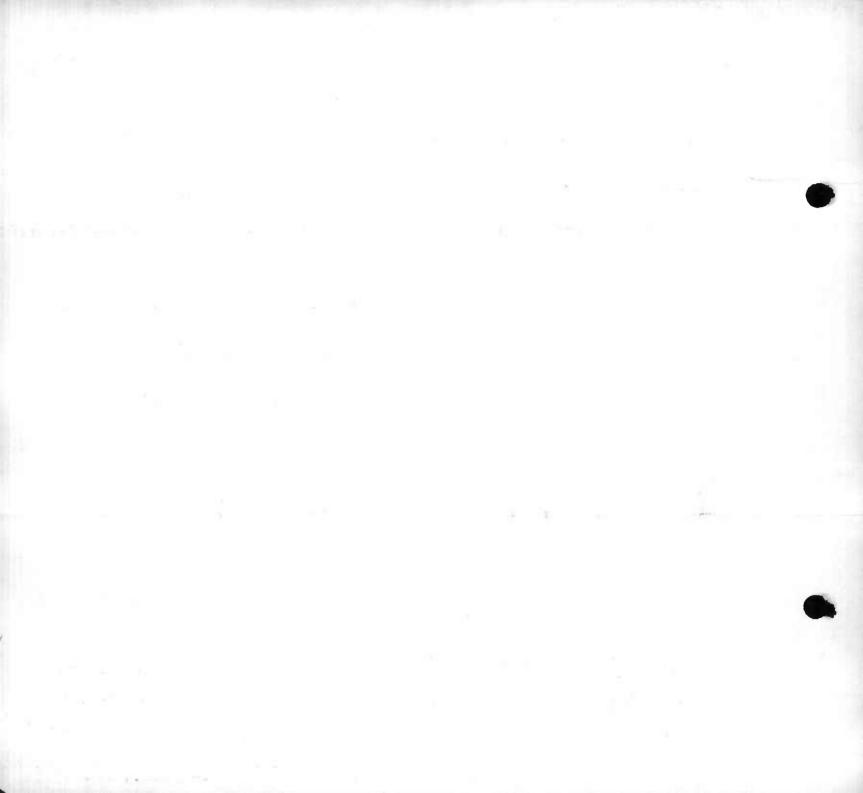


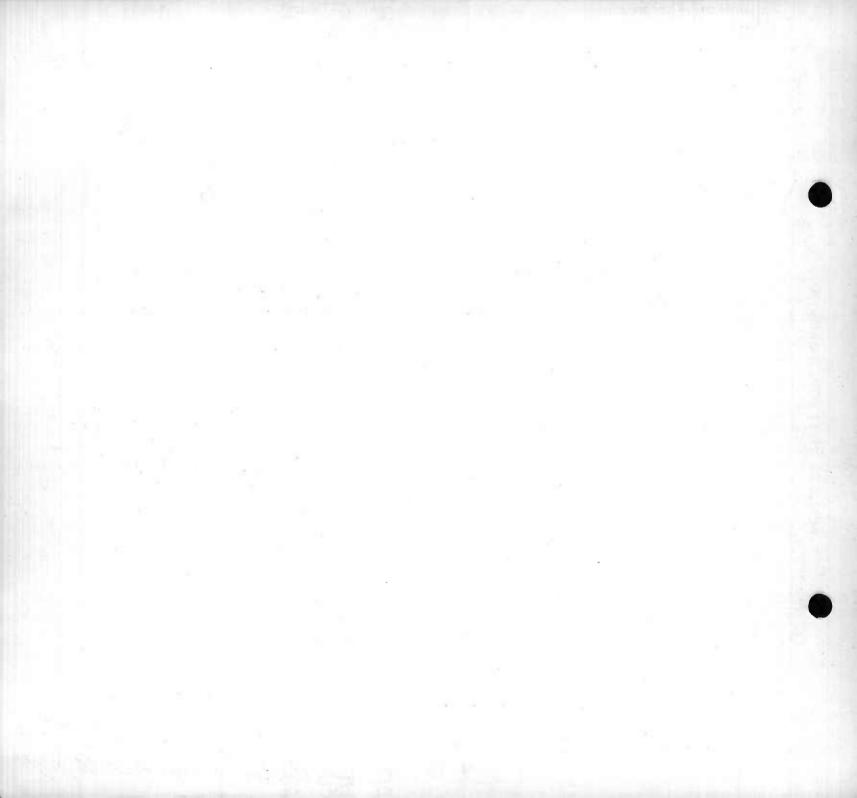
C.	0	Y HEALTH DEPARTMENT	69 4248				
BIRTH NO.	9 4248 CERTIFICA	ATE OF DEATH REG. NO. 03 4648					
NAME OF DECEASED	1. NRohleder	2. DATE AND HOUR OF DEATH 14-21-69 8:45					
3. PLACE IN BALTIMORE, MARYLAND,		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSP HOSPITAL OR ADDRESS OR LOW	NTAL OR INSTITUTION, GIVE STREET CATION)	Maryland c. CITY OR TOWN	INSIDE CITY LIMITS?				
90		Baltimore	YES NO NO				
Bolton Hill Nursing &	- Convolessent Centur	211 Chapel Street					
SEX 6. RACE	7- MARRIED NEVER MARRIED X		If Under 1 Yr. , If Under 24 Hr				
Female White	WIDOWED DIVORCED	5-21-1890 ost brithdoy) 7	8 Months Doys Hours Min.				
IOA, USUAL OCCUPATION (Give kind of widding during most of working life, even if refired have been if refired have been in the control of the		Y 11. 8IRTHPLACE (State or foreign country) Maryland	USA				
3. FATHER'S NAME	7.0	14. MOTHER'S MAIDEN NAME					
Joseph Rohleder		Margaret Wehage					
5. Was Deceased Ever in U. S. Armed F	orces? 1 6. SOCIAL	17. INFORMANT	ADDRESS				
Yes, no or unknown) (If yes, give wor or do	SECURITY NO. 220-24-1872	A Daniel T. Davis -6222	Brook Avenue-21206				
18. 1 0 0	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA				
DISEASE OR CONDITION I		BETWEEN ONSET AND DEA					
LEADING TO DEATH (A) IMMEDIATE CAUSE Coreanne / poteris vtt 6 reptly							
I his does not mean the made at dying, e.g., Due to on as a consequence of							
heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUS	(B) C1	tunlus geraly	of years				
DISEASES OR CONDITIONS, if	any, giving	S A CONSEQUENCE OF:					
UNDERLYING CONDITION last.	(c) av	timbletto der de	now years				
_ 11							
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P							
		20A. AUTOPSY? (Yes or No) 208. IF YES,	WERE FINDINGS CONSIDERED				
	ERFORMED	IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.	in or about 21C. WHERE DID (If in B	oltimore City, give exact location)				
▼ DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?					
21 D. TIME (Month) (Doy) (Yes	or) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
21D. TIME (Month) (Doy) (Yes	While At Not Wh	nile	1				
		12 / 1	W/21 1069				
that (1) (we) last sow the deceased alive on							
ond haur and fram the causes stoted above. (1) (We) (did) (did not) view the body ofter deoth.							
23A. SIGNATURE	= 11 1 A	tending Med. Staff	23 B. DATE SIGNED				
all		nys. Director Phys.	8/21/67				
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	T - 1011				
ALLAN	H. MACHT DEGRE	2 E KEADS	1 BR 12 1 50				
24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C		(City, town, or county) (State)				
Burial 4-25-6	69 Holy Redeemer (emeteru Baltimon	e, Mryland				
25A. DATE REC'D SY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
E051 == 1303	1. 9. 5 = 9to Brey MA	John (Miller Inc-t	415 Belair Rd -21206				



フーータの	69 4249 BALTIMORE CITY HEALTH DEPARTMENT 69 4249
and sed the	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 4243
S S S S	1. NAME OF DECEASED (Type or Print) ICER HARRY B. 2. DATE AND HOUR OF DEATH 1 23-69 1. 05 1.
+ + 0 -=	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution residence before admission) A. STATE B. COUNTY
hospi use o (5) D lance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HAPKLAND, BALTIMORE 14-0.
caus caus use; (4	INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? FD ANICLIN SQUARE BALTIMORE YES NOT
in a point	É. STREET AND NUMBER
F 3 0 B T	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 11 Under 1 Yr., 11 Under 24 Hrs.
th occurre contribut etermined in regular poceased pon is made	WIDOWED DIVORCED DO OZ /// OD OST Dirthdoy) Months Doys Hours Min.
- C - C - C - C - C - C - C - C - C - C	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHELA CE/State of loreign country) 12. CITIZEN OF WHAT COUNTRY?
if death rect or c (4) Undet was in the dece	RETIMED Fireman BCFD MARGLAND CISA
if dect waw washes	13. FATHER'S NAME
- to	Joseph Spicet Lypia Denickson
Ssistan the driver deat	15. Was Deceased Ever in U. S. Argred Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.
	Yes #1 217-20-5221 t. Sellimere
0	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or his Also, ee of a nounce aften	LEADING TO DEATH
	heat failure ashesia ats It made at direct.
O - E . E . E . E	ANTECEDENT CAUSES (B) CONGRESTIVE HEART FAILURE
S PA P S	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
2 - 0 C = E .	underlying condition lost. (c) COMPLICATING RESECTION C
AL DI medica edical burns; hysicia n was	2 II APRIT FOR MURICYSIA
4 E 0 0 E E 0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE TERMINAL TO THE
AER mody looky looky looky looky looky the rate	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYTITES OF No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
he che (2) By re the physical forest	U 21 & ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or bout 21 C. WHERE DID.
y the ital before before	U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?
d 0 2 2 0	21D. TIME (Month) (Doy) (Yeor (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
4 c 6 d 7 in	While At Work At Work
the the an	22. I certify that (1) (this hospital) attended the deceased from 3 3 1 69 19 to 4 - 23 19 69
of of of of of of	that (1) (we) lost saw the deceased alive on 19 6 and that in (my) (our) opinion death accurred an the date
leased to ident of hospital o death)	and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death.
30.02.	Agi Namadian C. Mad. and C. W.
	23C. PHYSICIAN'S NAME (Type) Phys. Director Phys. 23D. ADDRESS
certificate body was r fs: (1) An a D.O.A. at cased prior	
# PO CO	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
bod Ws: D.	Burial 4 26 69 Holy Cross Brooklym A A Co Md
This certif the body shows: (1) was D.O.A deceased written ap	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	Mc Cully 130 E. FortAve vs 150-REV. 1/1/68







BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

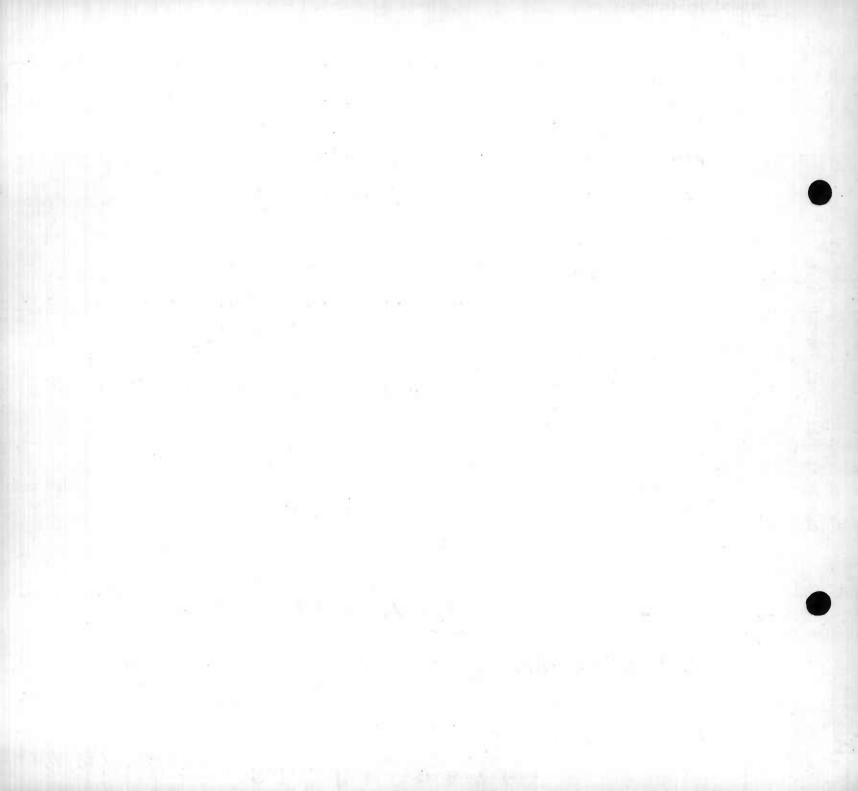
	E CITY LIMITS?
PUT HAORE	No 🔀
E. STREET AND NUMBER	RD 53-00
	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
USA	USA
14. MOTHER'S MAIDEN NAME	
SELENKA	
17. INFORMANT	ADDRESS
13 HOSPITAL RECORDS	
ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CAUSE HIPOUOLEMIC SHOCK	
AS A CONSEQUENCE OF:	
AS A CONSEQUENCE OF:	
GNANT LYMPHOMA	
20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
g., In or obout 21 C. WHERE DID (II in Boltimore office bidg., INJURY OCCUR?	City, give exact location)
21F. HOW DID INJURY OCCUR?	
ork L	Ril 22 10
	1901
t) view the bady after death.	on death accurred on the date
	3B. DATE SIGNED
Attending Med. Stoff Phys.	APRIL 22, 1969
23D. ADDRESS HOSPITAL UNIVERSIT	Y OF MARYLAND
CREMATORY 24D. LOCATION (City,	town, or county) (State)
BALTO, CO.,	mdi
25C. FUNERAL DIRECTOR Brailley, A	Cenolisen, Mil



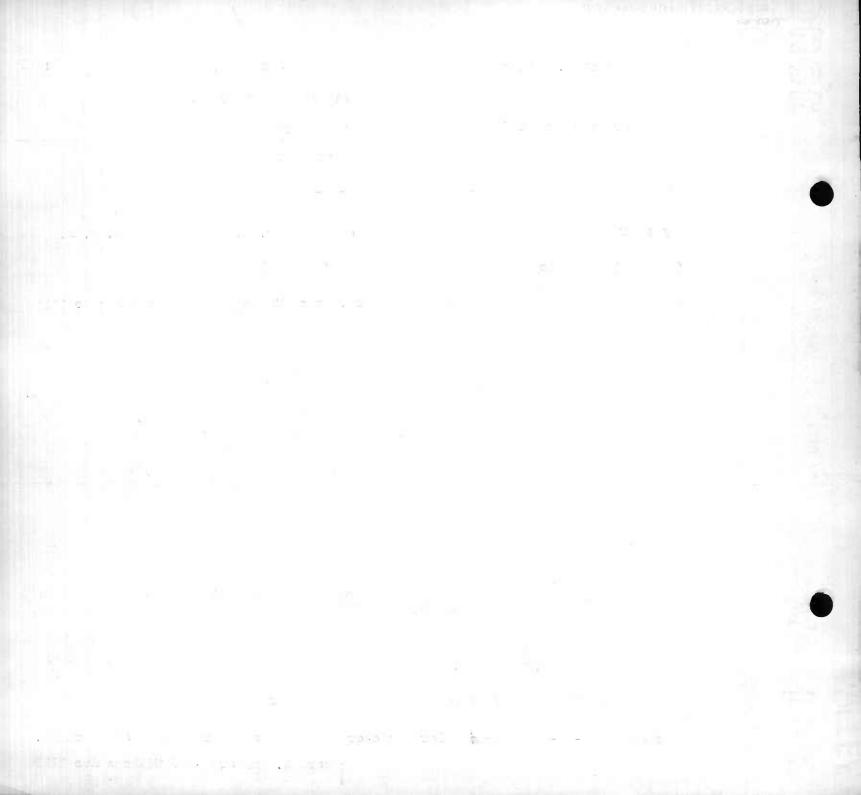
IMPORTANT

VS 1S0-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



	69	195		HEALTH DEPARTMEN		69 4254
BIRTH NO.	00	440	4 CERTIFICA	TE OF DEAT	H /	
NAME OF DE	ECEASED			2. DAT	E AND HOUR OF DEAT	Н
(Type or Print)	Cora C. H	02100		Λ	m:1 22 1060	1.200
3. PLACE IN BA	ALTIMORE, MARYLAND, V		UNCED DEAD	4. USUAL RESIDENCE	ril 23, 1969 (Where deceased lived. If	institution: residence before admission
FULL NAME O	F (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU	UTION, GIVE STREET	Maryland A	nne Arundel	252-00
INSTITUTION				C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
	Harbor View	Marsing	nome	Lake Shore		YES NO NO
40				E. STREET AND NUMB		
10				5 Carol Dri	ve	
. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
F	W	WIDOWED	DIVORCED	3-13-80	lost birthday)	Months Days Hours Min.
OA. USUAL OC	CUPATION Give kind of wor	k 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTR
Jone during most o	of working tife, even if retired)					
Homema	aker			Washington I). C.	U. S. A.
3. FATHER'S N	AME	-		14. MOTHER'S MAIDEN		
(IInles	Mavi-1a	**		/77 3	,	
(Unkr			11 / 20 0141	(Unknown	1)	ADDOSCO
	ed Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			None	Mrs. Helen Ta	wney 4207 Wil	lkens Avenue 21229
18. 6.4. /	0 14	1.10	CAUSE OF DEAT			APPROXIMATE INTERVAL
	2.7					BETWEEN ONSET AND DEAT
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY		Por which	Aug t	17/
(This days		and an area	(A) IMMEDIATE CAL	ISE Cardiae	week	17-1715
	nal meon the mode of e, asthenia, etc. It means		DITE TO OR AS	A CONSEQUENCE OF:	1	
	omplication which coused		Caro	diae Bloc	le	
	ANTECEDENT CAUSES	5		GPID.		10 or
DISEASES			(B) DUE TO, OR AS	A CONSEQUENCE OF:		
	OR CONDITIONS, if the obave cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:	1 to - 1	1 2 2
	NG CONDITION lost.	stating the	10 Flech	eralized 6	Wellower	osis loge
	11			A		
Z	II	ALITBIDITINIC		-1000	1	CIIA COMA
	NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO 1		Cerchra	e and Sel-Se	rully. (.UA.
	CONDITION GIVEN IN PAI			120 A Bays (V.	ALV COR IS USE WEEK	
E ISA. DATE	OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
19A. DATE						
OR CONTRI	DENT WAS UNDERLYING [BUTING [] CAUSE OF ify medical examiner)	21 B. hom etc.	PLACE OF INJURY (e.g., ine, form, factory, street, or	n or about 21 C. WHERE D ffice bldg., INJURY OCCU	R? (If In Boltim	ore City, give exoct location)
21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F HOW DIE	INJURY OCCUR?	
OF INJURY	(14) (100) (1ean				MIJORI OCCUR:	
(APPROX.)		Wo	ile At Not While	•		,
22 1	fu shas (1) (shin han-in-			3/21	1965 to	4/23 1969
	fy that (1) (Ahis hospita		ne deceased from	107	- /	//
that (1) (w	last saw the decease	ed alive an	4/22	19.67 or	nd that in (my) (que) a	pinlan death accurred an the da
and hour a	ind from the causes sta	ted abave. (I	(did nat) ((did nat)	iew the bady after de	ath.	
23A. SIGNA						23 B. DATE SIGNED
	K V A.	1	Atte	nding Med.	Shaff	1/-1/19
	1. frulle	Cl 2	CC) GEGREE Phy		Phys.	7/24/67
23C. PHYSIC NAME				23 D. ADDRESS		
NAME	Kenneth	Kru 1	evitz	7538 Holabir	d Arrenue 21	.222
AA DIIDIAL CO			DEGREE			
REMOVAL	REMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY or CRI	MAIORY 24	D. LOCATION	(City, town, or county) (State)
Buri		9 Lou	on Park Ceme	tery	Baltimore Cit	y Baltimore Md.
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
			or don the man			Wilkens Ave 21229
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	15	4	3	25	0	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5)Deceased 🔭	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🔃	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
		-	-0.0	-	-	

BIRTH NO			68	1 4	25	1	IFICA				X	REG.	. NO		69	42	55
I. NAME C		SED								2. DATE A	ND W	NII 05	DEATH				
(Type or P			TD AM	P* 1 1	7.45				ľ								
3. PLACE	IN BALTIA	MORE MA	RYLAND, W	HERE PRO	ZAL DNO UI	SETH LO	JUISE	4. USU	AL RESID	ENCE (Wh	rere dec	23,	196 ived. If i	nstitution	: residenc	2:2 e belore	4A odmissio
FULL NAME HOSPITAL	ME OF	(IF NOT	IN HOSPIT	AL OR IN	ISTITU	TION, GIVE S	TREET		YLAN			IMOI		212		3	3.1
INSTITUTIO	ON		AGNE						OR TOWN				D. INS	SIDE CIT	LIMITS?	ио 🛚	
4	10		ON & TIMOR			AVES	21229	E. STRE	ET AND		VE.		2122			110 []	
5. SEX	6.	RACE				NEVER MA		8. DATE	OF BIRTH	1	9. AG	E (In y	ears	ti Ur	der 1 Yr.	, II Und	er 24 Hi
FEMA		WHIT		WIDOW			RCED 🗌	10 0	9 86			oirthdoy)	2	Mont	Doys	Hours	Min.
OA, USUA	L OCCUP	ATION (Give	kind of work	10B. KINE	D OF I	BUSINESS OR	INDUSTRY	11. BIRT	HPLACE (State or for	eign co	untry)		12. C	ITIZEN O	F WHAT	COUNT
	MEMAK		in in remoof	İ				GERM	ANY					(ERM.	ANY	
13. FATHER	R'S NAME									AIDEN NA	AME	-					
		PARNE						М		(KLEE							
Yes, no ar u	eceased Ev	yes, give	Armed Forwar or date	ces? s of servi	icel 1	6- SOCIAL SECURITY	NO.	17. INFO	RMANT	WILKE	ENS	AVE	S	BAL ₁	OADD	RES	2122
NO							620	4 ST									
18.	256	2.91			· ·	CAUSE	OF DEATH	1					-			OXIMATE I	
			OITION DIE	RECTLY				G			0 1				DE! AACC	N ONSET	AND DEA
(This		ADING TO	made of	المستعدات			EDIATE CAU		Ron		long	en	050	levos	S		
heori	loilure, as	lhenia, etc	. Il means	the disec	e.g., ase,	DUE	TO, OR AS A	CONSE	SUENCE C)F:							
injury			ich caused			-											
-			T CAUSES			(B)	Peale	etes	me	ellit	us						
			ONS, if (DUE	TO, OR AS	A CONS	QUENCE	OF:				*******			*********
UNDE	RLYING	CONDITIO	N last.	Stoling	Ine	(c)											
		- 11				(-)											
OTHER	SIGNIFICA	NT CONDI	TIONS COL	NTRIBUTIN	NG												
A DISEAS	E DEATH E	BUT NOT RE IDITION GIV	LATED TO THE	HE TERMIN T 1 (A).	JAL	********											
19A.D/	ATE OF O	PERATION	198. CON	DITION FO	OR WI	HICH OPERAT	ION	1	AUTOPSY?	Yes or N	(a) 20B	. IF YES	WERE	FINDING USES O	S CONS	IDERED	
(1 121A. A	CCIDENT	WAS UND	ERLYING		21B, P	LACE OF INJ	URY (e.g., ir	or obout	21 C. WH	ERE DID		fif in	Baltima	re City, o	lve exact	locotion)	
▼ DEATH	NTRIBUTA	NG CAU	SE O F		home,	form, foctory	, street, off	ice bldg.,	INJURY (DCCUR?						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
O 21D. TI.	ME (A	Nonth) (Do	av) (Year)	(Hour)	21E. I	NJURY OCCI	IPPED		21F. HO1	W DID IN	IIIDY /	3CCIUM	,				
OF INJ	URY		.,.			At 🖂	Not While			T DID IN	JOKI	JCCOK	•				
					Work		At Work										
						deceased f		IPR L			ي 196)ta.	AP	RIL	23	19	969
thot M) (we) la	st sow the	e decease	d alive o	апД	PRIL 2	3	19	69	ond t	hot In	()(y) (our) apl	nion de	ath occ	urred an	the do
and he	our and fr	om the co	uses stat	ed above	e. (1)	(We) (did) (lidynyn) vi	ew the	bady aft	er death.							
23A. SI	GNATURE						-^							238, D	ATE SIGN	IED	
	1300	+7	. 7	101	m		9 h	ding 🔲	Med	l.	S taff Phys.	X		04	23	69	
23C. PH	YSICIAN'S			UM-C) D	LOREL	3D. ADD			rnys.	200		1 0	4.)		
N/	AME (Type		- 1401	0.T.C.	14											5.5	
24A, R11914		ERT F	MOF					ATO	1 3 V	VILKE	7110	AVE		BALT	·	MD.	212
REMO	OVAL (Spe	cify)		1		AE of CEMET				24D. L	LOCATI	ON	(C	ity, town	ar count	ly)	(State)
	REMAT		4-26-69		-	DON PAI	K CEM	ETERY		Woo	odla	wn	В	alti	more	Ma	rylar
25A. DATE	REC'D BY	HEALTH		258. NAN	ME OF	REGISTRAR		25C.	FUNERAL	DIRECTO	R				AF	DRESS	
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VS 150-REV. 1/1/68

reg. No. 69 4	256
D HOUR OF DEATH	725-
HOUR OF DEATH George Vived. If institutions of	1 . M.
deceased lived. If institution:	residence before admission)
	27-000
D. INSIDE CITY I	/
T STR.	
. AGE (In years if Undo	Pr 1 Yr. If Under 24 Hrs. Doys Hours Min.
70	
n country) 12. CIT	ZEN OF WHAT COUNTRY?
nd	USA
? (Dec)	/
WHITE (SON	ADDRESS 5001 KRAMMAE AVE
	APPROXIMATE INTERVAL
	BETWEEN ONSET AND DEATH
	130 kp.
Stuction	
alscen.	
(BUN > 100)	
208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DE ATH?
(If In Boltimore City, giv	ve exact location)
IRY OCCUR?	
	,
10	1
969 to 4/	19 0 7
t in (my) (our) opinion dec	th occurred on the date
Shaff 23B, DA'	TE SIGNED 4/23/69
GEN. HOSP	
CATION (City, town,	,
oklyn, A. A. Co.	Md.
Mc Cully 13	





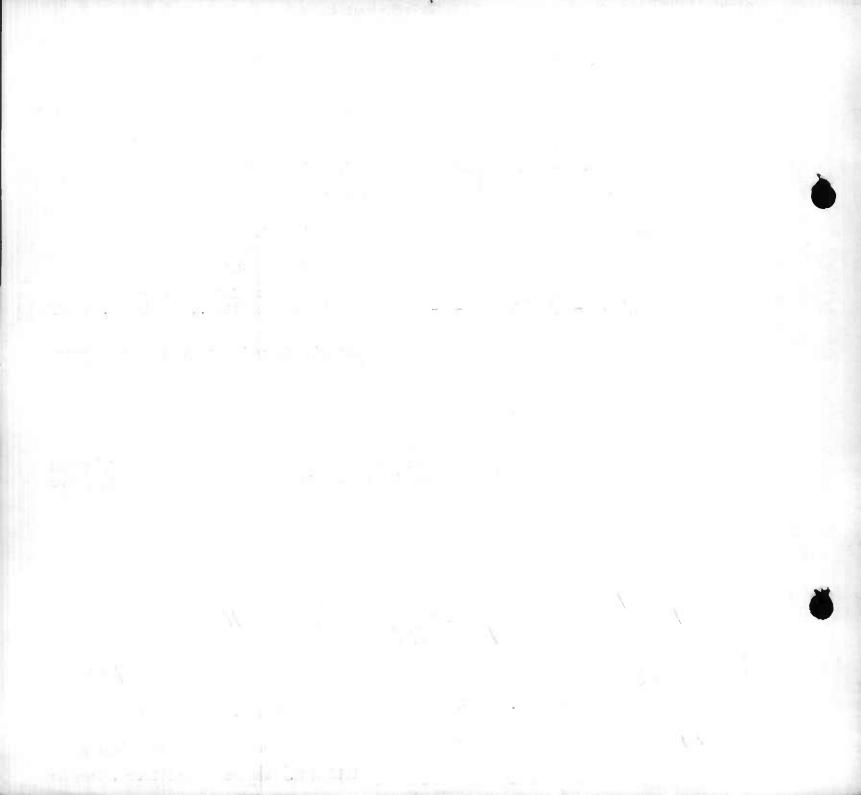
IMPORTANT

FUNERAL DIRECTOR:

		165	BALTIMORE CITY	HEALTH DEPARTMENT		00 4050
BIRTH NO.	65	3 425	8 CERTIFICA	TE OF DEATH	REG. NO	69 4258
1. NAME OF D	ECEASED	4.4			AND HOUR OF DEATH	1 10
Willi	Am HENR	MAR	iner	4	120/69	1 4 10 A
3. PLACE IN B	ALTIMORE, MARYLAND,	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission
FULL NAME O	OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN		25-34
NOITUTITZNI						SIDE CITY I'MITS?
1/2 5011	th Baltimore	Conomal	Wodni + al	E. STREET AND NUMBER	3V17 X30	YES NO NO
7 -				Baltimore		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months! Doys Hours Min.
M	W	WIDOWED		5-9-88	80	
done during most	CUPATION (Give kind of wor of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
Reti		İ		Maryla nd		U.S.A.
13. FATHER'S N				14. MOTHER'S MAIDEN N	AMF	0.D.A.
Wi	lliam Henry M	ariner		Katherine R		
5. Was Decens	ed Ever in II. S. Armed Fo	10017	1 6. SOCIAL	17. INFORMANT		ADDRESS
	wn) (Il yes, give wor or dol	es of service)	SECURITY NO.	Man Wanda W.	•	
NO 18. 4./			216-09-6766 CAUSE OF DEATH	Mrs. Marie Ma	riner	Same
	ASE OR CONDITION DI	RECTLY				SETWEEN ONSET AND DEATH
(2)	LEADING TO DEATH		(A)IMMEDIATE CAU	SE MYOC	mitted light	relier.
heart failur	not meon the mode of e, asthenio, etc. Il means	dying, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:	Ü	***************************************
injury or co	omplication which caused	death.)				
	ANTECEDENT CAUSES	5	(0)	Cu in	,	
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A'CONSEQUENCE OF:	***************************************	
rise lo	the above cause (A)	slating the				
UNDERLIT	NG CONDITION last.		(c)	***************************************		
OTHER SIGN	II	NTRIBUTING			1	
E TO THE DE	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL	gia	ngrene o	tal .	
19A DATE	OF OPERATION 198. CON	IDITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES. WERE	FINDINGS CONSIDERED
THE COLUMN THE COLUMN	WAS PER	FORMED	V	Up	IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimo	re City, give exoct location)
DEATH (not	ify medical examined	hom- etc.)	e, torm, toctory, street, of	ice bldg., INJURY OCCUR?	•	
O 21D-TIME	(Month) (Doy) (Year)	(Hour 21E	INJURY OCCURRED	215 110111 515 11		
S OL WASOK!	(Moniti (Doy) (Feor		ie At Not White	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)		Wor	k At Work			
22. I certif	fy that (1) (this haspita	l) attended th	e deceased from	3/17	1969 to	4/00 19 69
1	e) last saw the decease		4/20	19 69 and	- 6	inian death occurred on the dat
1	•		(W-) (201) (111 - (11)			and death occurred on the date
23A. 5IGNAT		I GO GROAGE ME	(ua) (aid) You noth A	ew the bady after death) • ————————————————————————————————————	
	and from the causes sta					DOOR DATE CICALED
	TURE		Atter	rding C Mad C	Chall Jerry	23B. DATE SIGNED
7	b Kulih		DEGREE Phys.	ding Med. Director	Staff Phys.	4/20/69.
23C. PHYSIC	ture black		DEGREE Phys.		Stoff Phys.	23B. DATE SIGNED 4/20/69.
7	ture black		DEGREE Phys.	Director L	Shoff Phys. Start Go	23B, DATE SIGNED 4/20/69.
23C. PHYSIC NAME	TURE SCULLA (Type)		DEGREE Phys.	3D. ADDRESS	Balt Ge	14/20/69.
23C. PHYSIC NAME 24A. BURIAL CI REMOVAL	IAN'S (Type) REMATION. 24B. DATE , (Specify)	24C.NA	DEGREE Phys.	3D. ADDRESS	Belt Ge LOCATION (C	4/20/69.
23C. PHYSIC NAME 24A. BURIAL CI REMOVAL BUTIS	IAN'S (Type) REMATION. 24B. DATE 1 123-6	24C.NA	DEGREE Phys. DEGREE Phys. DEGREE DEGREE DEGREE Loudon Park	Director L 3D. ADDRESS See the MATORY 24D.	Rect Ge LOCATION (C Baltimore,	4/20/69. 1. /Josp . (Stote) Maryland
23C. PHYSIC NAME 24A. BURIAL CI REMOVAL BUTIS	IAN'S (Type) REMATION. 24B. DATE (Specify) 1 1-23-6 D BY HEALTH DEPT.	24C.NA	DEGREE Phys. DEGREE PHYS. DE	Director L 3D. ADDRESS MATORY 24D. 25C. FUNERAL DIRECTO	Red Ge LOCATION (C Baltimore,	4/20/69. 1. /Josp . (Stote) Maryland ADDRESS
23C. PHYSICINAME 24A. BURIAL CI REMOVAL BUTIS	IAN'S (Type) REMATION. 24B. DATE (Specify) 11-23-6 D BY HEALTH DEPT. 1969	24C.NA	DEGREE Phys. DEGREE Phys. DEGREE DEGREE DEGREE Loudon Park	Director L 3D. ADDRESS MATORY 24D. 25C. FUNERAL DIRECTO	Rect Ge LOCATION (C Baltimore,	4/20/69. illy, town, or county) (Stote) Maryland ADDRESS



69 4	1259 CERTIFICA	Y HEALTH DEPARTMENT	REG. NO	69 4	259
1. NAME OF DECEASED (Type or Print) HARMON, Paul Brya		2, DATE AN	D HOUR OF DEATH	1	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: lesidence b	efore odmission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland C. CITY OR TOWN		9	1-05
Veterans Administra 3900 Loch Raven Bou	levard	Baltimore E. STREET AND NUMBER	D. INSI	YES X NO	· 🗆
Baltimore, Maryland		3211 Frisby S			
Male White Widow		8/18/01	9. AGE (In years last birthday) 67	Months Deys H	f Under 24 Hrs. ours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if refired! Plummer	OF BUSINESS OR INDUSTRY	West Virginia		USA	HAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		OGA	
Oliver Harmon		Margaret Ge	eorge		
15. Wes Decessed Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give wor ar dates af servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT VA Ho	spital Reco	rds ADDRESS	
YES 7/9/43 - 5/31/61	233-18-5851	3900 Loch Rave			d 21218
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, osthenia, etc. It meons the dise injury ar complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the state of the couse (A) stating UNDERLYING CONDITION last.	(8) DUE TO, OR AS The	Arteriosclero ACONSEQUENCE OF: A CONSEQUENCE OF: tive emphysema	tic heart d		years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 178. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING TO	Chronic	bronchitis	*******************************	15.3	years years
19A DATE OF OPERATION 19B CONDITION F WAS PERFORMED		YES	208. IF YES, WERE F	JSES OF DEATH?	RED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, af etc.)	n or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimore	City, give exact loca	tion)
21D-TIME (Manth) (Doy) (Year) (Haus) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	JRY OCCUR?		
22. I certify that (f) (this hospital) attended that (f) (we) lost saw the deceased alive of	on April 22	1969ond the	9 69 to Apri		19 <u>69</u> d on the date
and hour ond fram the couses stated abave 23A. SIGNATURE	o. (1) (We) (did) (A)A/noy) v	lew the body ofter death.		23B, DATE SIGNED	
	I Dham	nding Med.	Shaff Phys.		
23C.PHYSICIAN'S NAME (Type) FALPH H.	in ug	23D. ADDRESS	ch Raven Bo	4/22/6 ulevard	9
	C.NAME of CEMETERY of CRE	MATORY PAIL 100 PAIL	re. Marylan CATION (Cit	d 27.278 y, town, or county)	(Stole)
	Rose Hill Cemete	Thom 25C. FUNERAL DIRECTOR	nes W	eat Virgin	i a SS
AFR = 1969 100.	A. A. Bura	William E Jo	nson Bal	timore, Ma	ryland

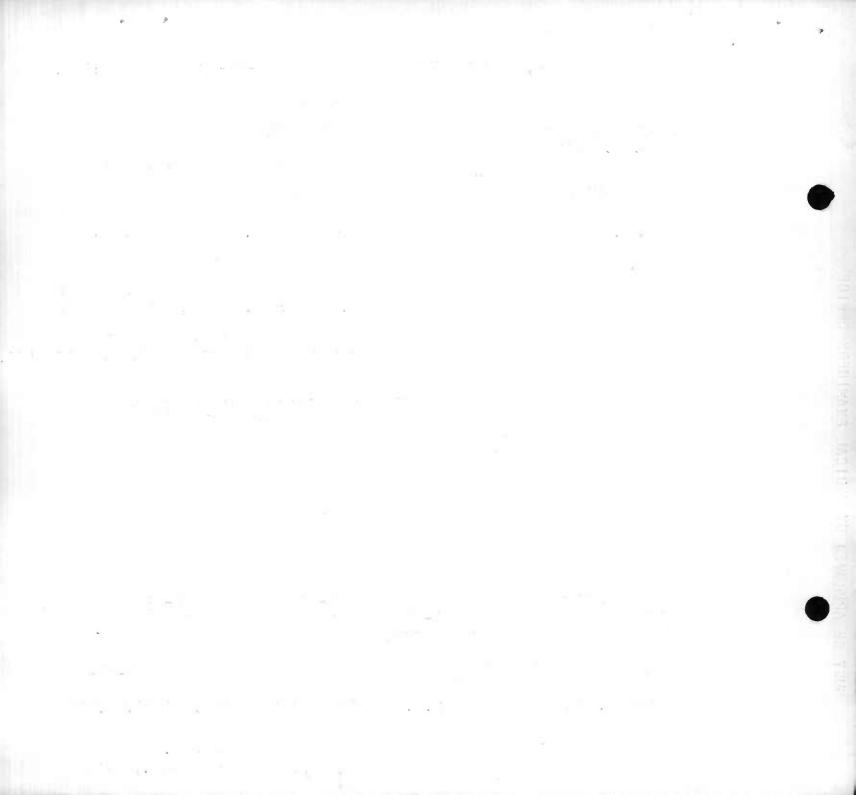


MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	REG. NO. 69	4260
4260	BALTIMORE CITY I	HEALTH DEPARTMENT			

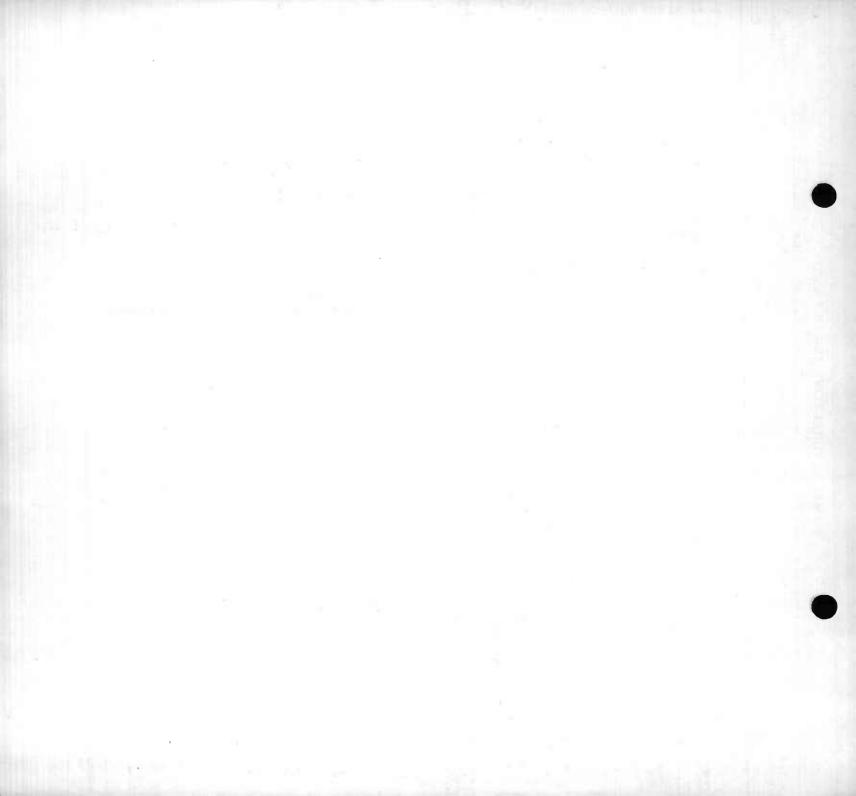
BIRTH NO.	REG. NO.
	2. DATE Known X Month Doy Yeor Hour
(Type or Print) HARRY WORMELY	OF April 23, 1969
	DEATH Estimoted 1-F-2-2 M. 3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	
HOSPITAL ADDRESS OR LOCATION)	M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
Provident Hospital (DOA)	Maryland 5. Cookii 15-01
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES Y NO
	E. STREET AND NUMBER
3-7-1905 lost bir day (4 Months, Doys, Hours, Min.	1465 N. Carey Street
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Ma WHAT COUNTRY?	Harry 7Day Va
14A. USUAL QCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done ducting most of working life, even if retired)	To Monte & Maiori Paris
a averer	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
574-10-33	50 Elisaleth laylor 1465 11, Carry S
19. 4 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosc	lerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE CA	ALISE
	S A CONSEQUENCE OF:
injury or complication which coused de oth.)	
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR A	AS A CONSEQUENCE OF:
KISE TO THE ABOVE CAUSE (A) STATING THE	A CONSEQUENCE OF
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	No
	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	blog., etc.) INJORY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WORK	WHILE CT
(APPROX.) m. WORK AT WO	ORK L
I certify that I held on Inquiry Inspection X Aut	apsy ond that on this basis, death In my opinion
resulted from: Notural causes X Accident Suicide	
Colored desired and a colored	CHIEF MEDICAL EXAMINER
ACTUAL (Me)	ASSISTANT MEDICAL EXAMINER
SIGNATUREM.D.	
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER April 24, 1969
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of	
REMOVAL (Specify)	1 2 1+ 2 1+ m1
Durial 4/28/69 M. Un	burne Ballo Ballo 11/a
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
APR 1969 12 6 2, 32 1/44	7. Knoop Turneld 1465018
VS 151-REV. 1/1/6B	The state of the s
VS 131-KCV, 1/1/OD	

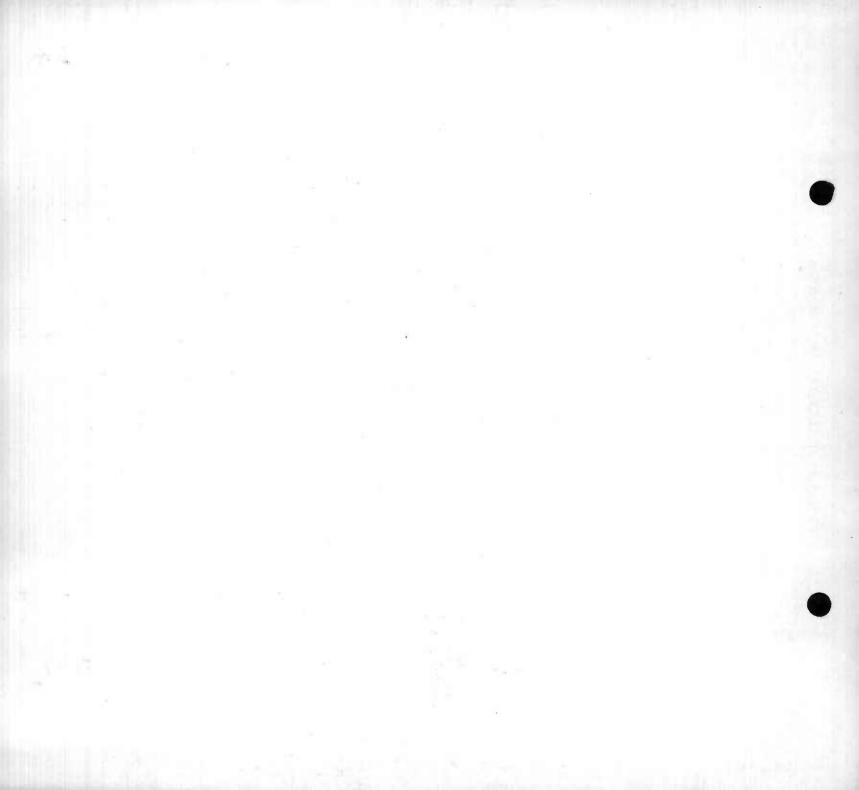
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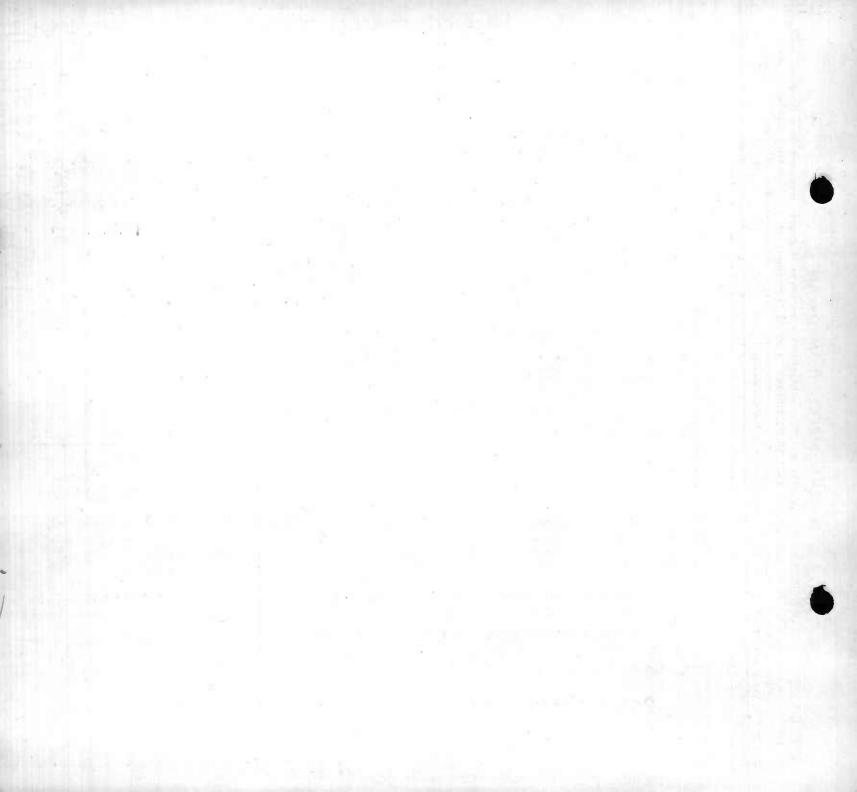
		6 M-246 69 4	261 CERTIFICA	HEALTH DEPARTMENT	REG NO	69 4261
		RIM NO.	CERTIFICA			
		pe or Print) MAISEL.	RUTH THOMAS		ND HOUR OF DEATH	. 2 200
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh	+-23-69 ere deceased lived. If ins	13:30P. M. sitution: residence before admission)
	FU H C	ULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D INSI	DE CITY LIMITS?
1		ST AGNES HOSPITAL		BALTIMORE		YES X NO
9	. 6	BALTO.MD. 21229		E. STREET AND NUMBER		
3	5. 5	EV 1/2005		4815 Lindsay	Road Apt 2-6	21229
		F WHITE WIDO		3/17/1886	83	Il Under 1 16. Il Under 24 Hrs. Months Doys Hours Min.
	t0A don	LUSUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even it retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
2		H. W.		Frederick, M	d.	U.S.A.
5	13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN NA		
1		Cephas . Thomas (decease	ed).	Laura Schaef.	fer (decease	od)
	15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give war or dotos of serv	6. SOCIAL	17. INFORMANT	A	t 2-6 ^{ADDRESS} 21229
		no	SCURITY NO.	Mr. Edwards		5 Lindsay Road
		18.44120	AUSE OF DEATH			APPROXIMATE INTERVAL
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	180/ \ 201	2772127	AORTA	BETWEEN ONSET AND DEATH
		(This does not mean the made of dving	A MANUELLA CAU	SE RUPTURED A	NEURYSM ABO	OMINAL 30 MINS
		heart failure, osthenio, etc. It means the disc injury or complication which caused death.)	ose, Due 10, OK AS A	CONSEQUENCE OF:		
		ANTECEDENT CAUSES	APTERI	OCCLEDATIO O	ADDIO VICOI	
		DISEASES OR CONDITIONS, if ony, gi	DUE TO, OR AS	OSCLEROTIC C	ARDIO VASCO ISEASE	JLAR
		rise to the above couse (A) stating UNDERLYING CONDITION tost.	The o	D	ISEASE	
		II	(c)			
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG O			5
	ŒΙ	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	120A AUTORSY2/Von on No	V COR IS HER THESE	***************************************
	CERTIFIC	WAS PERFORMED	or third or explicit	NO	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
- 11	- 1	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (o.g., in	or about 21 C. WHERE DID	(II In Boltimore	City, give exact location)
	S	DEATH (notify medical examine)	home, farm, lactory, street, offi etc.)	ce bidg., INJURY OCCUR?		
ı II		21D. TIME (Month) (Doy) (Your) (Houd) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	> !	(APPROX)	While At Not While Nork At Work			
		22. I certify that (I) (This he spire!) attende	ed the deceased from	4-23	19 69 ta 4-2	3 19 69
	- -	that (1) (XeX last sow the deceased alive	un 4-23			an death accurred an the date
	- 1	and hour and from the couses stated abave			or in (1113) Violent abititi	an death accurred an the date
		23A. SIGNATURE	- 11 /1		2	3R, DATE SIGNED
	1	Add H. X/100	Atten Phys.	ding Med.	Staff Phys.	4-24-69
		23C. HYSICIAM'S NAME (Type)	DEGREE	D. ADDRESS	Phys. —	4-24-69
		ROBERT F. HEALY	M.D.	3350 WILKIN	NC AVE BAL	TO.MD.21229
	24A.	(/	NAME OF CEMETERY OF CREA			town, or county) (Stote)
	B	urial 4/26/69 1	Motant Olivet Ceme	terv	edonial Ma	
	25A.		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		1000 LE	6967	Witzke, 4101	Edmondson Av	e., 21229
1	15 1	50-REV. 1/1/68				



USUAL RESIDENCE (Where deceosed lived, If institution: residen D. INSIDE CITY LIMITS? NO II Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? 11.50. ADDRESS Smithfield 306 MAPIEWER DRIVE N. CAROLINA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact lacation) and that in (my) (aux) apinion death accurred an the date 23B, DATE SIGNED ADDRESS Witzke, Clol Edmondson Ave., 21229 VS 150-REV. 1/1/6B







	CC	9 42	S BALTIMORE CITY	Y HEALTH DEPARTMENT		CO 490F
BIRTH NO.		J 42	CERTIFICA	TE OF DEATH	REG. NO	69 4265
NAME OF				2. DATE	AND HOUR OF DEATH	H
(Type or Print		000 1			23/69	1:10 P
3. PLACE IN	ORR. Lawren	NHEEF BRONG	HINCED DEAD			institution: residence belore admission
	THE THE PARTY OF T	MULENE PRONO	ONCED DEAD	A. STATE B. CO	UNIX	institution; residence before admissi
FULL NAME	OF (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland		15-34
FULL NAME HOSPITAL O	R ADDRESS OR LOC	ATION)	TUTION, GIVE STREET	C. CITY OR TOWN	10.101	CIDE CIPY WATER
			Tr		D. 1N	ISIDE CITY LIMITS?
7.3	Veterans Admir		-	Baltimore		YES X NO
	3900 Loch Rave	en Boule	evard	E. STREET AND NUMBER	R	
	Baltimore, Mar	ryland	21218	521 Mande A	venue	
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., If Under 24 H
25. 2			= =	0 /01 /00	last birthday)	Months Days Haurs Min.
Male	White	WIDOWED		8/24/92	76	
one during me	OCCUPATION (Give kind of wor	KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	fareign cauntry)	12. CITIZEN OF WHAT COUNT
		Dat	ired	Dalta Car	mades Mal	U.S.A.
Carpe		net.	TTEG		unty, Md.	Ueuene
3. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
Temes -	W 0000			There Could		
James	M. Orr		13 / 20 01 11	Emma Gardner		
es, no or unk	osed Ever In U. S. Armed Fanawn) (If yes, give wor at do)	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES	9/25/17-11/3	15/18	216-05-0950	VA Ho	spital Record	as
	7/ -2/ -1/ -			3900 Loch 1	Raven Blvd.	Balto Md 21218
18. 4	55/ H/6=2	1	CAUSE OF DEAT	n		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DI	SEASE OR CONDITION DI	RECTLY				The state of the s
	LEADING TO DEATH		(A)IMMEDIATE CAL	se Bronchopne	3-4 days	
This do	es not mean the made of	dying, e.g.,	DITE TO OB AS	A CONSEQUENCE OF:		
neon ton	ure, asthenia, etc. It meons complication which coused	the disease,				
Injuly Gr	•					
1	ANTECEDENT CAUSES		(R)			
DISEASE	S OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***********	************************************
rise la	the above cause (A)	stating the				
UNDERL	YING CONDITION lost.		(C)	*******************************	****************	
	11		0 1	. 7		
OTHER SIG	SNIFICANT CONDITIONS CO	NTRIBUTING		ral arterioscl		l year
TO THE	EATH BUT NOT RELATED TO T	HE TERMINAL	Carci	noma of lung w	ith metastase	es unknown
19A. DAT	OR CONDITION GIVEN IN PAI					
1	WAS PER	FORMED	WILL OPERATION	AUTOPSY? (Tes or	IN CERTIFYING CA	FINDINGS CONSIDERED
OTHER SIGN TO THE DISEASE OF THE PROPERTY OF T				120		AUSES OF DEATH? YES
OR CONT	DENT WAS UNDERLYING THE RESULTING CAUSE OF	218	PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(If In Baltima	are City, give exact location)
DEATH (ofify medical examiner	hon etc.	ie, rann, tactary, street, of	nice bidg. INJURY OCCUR?	•	•
!						
OF INJU	(Manth) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)		Wh	ile At Not While	• 🗆		
		AA G	K LJ Al Work			
22. I cer	tify that (1) (this hospital	l) attended t	he deceased from Apr	ril 28th	19 69 to Apr	il 23rd 19 69
1	we) lost sow the decease		April 23rd	10		
						Inion death occurred on the do
and hour	ond from the causes sto	ted above. Ø	(We) (did) (dyd/nor) v	lew the body after deat	h.	
23A. SIGN		-				238, DATE SIGNED
			ΔHa	nding Med.	Shoff C	
			OEGREE Phys	Director L	Staff Phys.	4/23/69
23C. PHYS	ICIAN'S	Tumer		23D. ADDRESS		
1700	RALPH H. T	TATTATATO	ON D		Loch Raven	
11 11		WINING,	OFGREE	Balt	imore, Maryla	and 21218
4A. BURIAL	CREMATION, 248. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D.		city, tawn, or caunty) (Stotel
O.	0 111 -1	10 4	11 2/2 1	6. +	MA	21
Bure	al 4-26-	67 /2	Ken Hoven	cenely /	Hen Bur	no 44 That
DA. DATE RE						
	C'D BY HEALTH DEPT.	258. NAME (OF REGISTRAR	25C, FUNERAL DIRECT	OR	ADDRESS
	C'D BY HEALTH DEPT.	258. NAME (F REGISTRAR	25C FUNERAL DIRECTO	or U.	Por menter and
S 150-REV.	APR & 1908	258 NAME O	S. G. B.	25C, FUNERAL DIRECTO	In 4200 1	Pennengter 26-

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VS 150-REV, 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT

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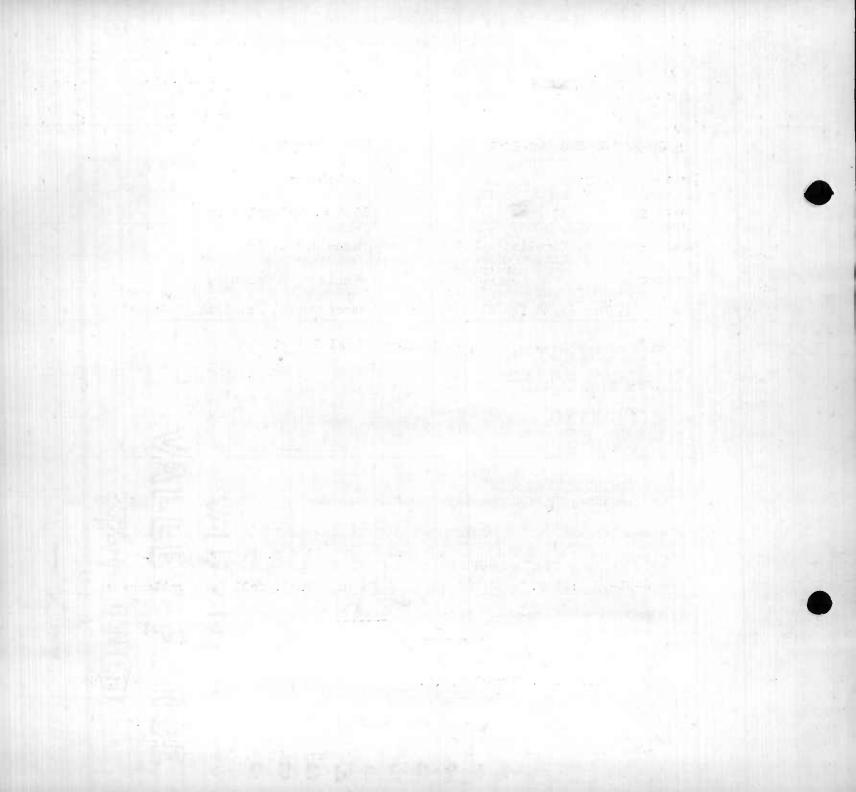
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO.
I.NAME OF DECEASED (Type or Print) Emmitt Turner	2. DATE AND HOUR OF DEATH 4-2-69 12:35 a. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Provident Hospital, Inc. 1514 Division Street Baltimore, Maryland 21217	A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 1509 Shields Place
5. SEX MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) (and rev 13. FATHER'S NAME HOMACE TURNER	Virginia U.S.A. 14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) Yes 16. SOCIAL SECURITY NO. 218-03-1681.	17. INFORMANT ADDRESS AMES. Lillie May Turner SAME
ANTECEDENT CAUSES	USE Outeriosclerosis of A CONSEQUENCE OF: Mitral Value B A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of the place).	Yes IN CERTIFYING CAUSES OF DEATH?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	
22. I certify that (I) (this hospital) attended the deceased from Mathematical that (I) (we) last saw the deceased alive an April 2, and hour and from the causes stated above. (I) (We) (did) (did not) very stated above.	
23C. PHYSICIAN'S NAME (Type) Attended M.D. D. DEGREE Physician'S	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE Burial 4-25-69 Balts, Natilization 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 6 25B. NAME OF REGISTRAR	Cein, Balto, Md.
VS 150-PEV, 1/1/68	Sully anteneral Home - N. Arlington Ave



69 4267 BALTIMORE CITY HEALTH DEPARTMENT

69	4267

J			MED	ICAL	EX	AMINER'S	ERTIFIC	CATEO	F DEAT	H REG. NO		XXVV d	
	TH NO.						T						
1. NAME OF DECEASED (Type or Print) WILLIE SAMUEL JONES						2. DATE OF	Knawn 📙	Manth	Day	Yeor	Hour		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						DEATH	Estimoted L	TYPLIT	22, 1969		1:30 Р.м.		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET						3. DATE Month Doy Year Hour PRONOUNCED DEAD							
HOSPITAL ADDRESS OR LOCATION)						5. USUAL R	SIDENCE (Who	April 2	22, 1969 ved. If institution:	residence	1:30 P. M. before admission)		
							A. STATE	Maryland	l	B. COUNTY	9	-09	
6. 5		7. RACE		B. MARR	IED 🗌	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	Male	Neg	ro	WIDOV	VED 🗌	DIVORCED	Baltimore YES → NO □						
9. [ATE OF BIRTH	1	10. AGE (I			ler 1 Yr. If Under 24 Hrs. s Days Haurs Min.							
	10-31-21		47				1108 E	. Federa	al Stree	et			
11.	BIRTHPLACE (S	tate ar fareig	n country)			TIZEN OF	13. FATHER	SNAME					
	Wake For					HAT CAUNTRY?		Jones,					
14A	USUAL OCCUI	PATION (Give	e kind of work	14B. KINE	OF BU	USINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN N	AME				
50110	Laborer	orking me, ev	en aremea)			Company	Minnie	₂ Jo	ones				
16.	WAS DECEASE	DEVERIN	U.S. ARMEI	FORCES	? 1	17. SOCIAL	IB. INFORA	MANT		AD	DRESS		
(1.63	, na ar unknown) Yes	19 Nov	45/28	Feb	47	238-20-0796	Macon	Jones,	Jr. 191	3 E. 20th	n St.	21213	
	19.	PA.	X			CAUSE OF DEA	TH					PPROXIMATE INTERVAL	
	DICEAC	OR COMP	TION DIRE	CTIV		Cranioce	rebra1	Injuries	3		0.14	TELL ONSET AND DEATH	
		E OR COND EADING TO		CILY				3					
	(This does no					DUE TO, OR	S A CONSEQ	UENCE OF:					
		asthenio, etc. plicotian which											
	4.0	ITECEDENIT	CAUSES										
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR						AS A CONSE	QUENCE OF:		والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع			
	RISE TO THE ABOVE CAUSE (A) STATING THE												
2	C)												
CERTIFICATION	OTHER SIGN	FICANT CON	II	ONTRIBLE	TING								
5	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM	INAL								
E		OPERATION				HICH OPERATION W	AS PERFORM	ED			21. AUTC	OPSY? (Yes or No)	
B	208. CONDITION FOR WHICH OPERATION WA												
Y	C 22A. EXTERNAL CALISE WAS 122B PLACE OF INHIBY (e.g. in or obout) 22C WHS							2C WHERE DI) (If in Baltima	re City nive ever	y∈ t location)	25	
EDIC.	UNDERLYING	☑OR CON	TRIB-		home,		e bldg., etc.) li				1	-04	
	UTING CAUSE OF DEATH. Home 1108 E. Federal Street 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?												
	OF INJURY												
	(APPROX.)4-21-69 1:30 P. m WHILE AT WORK Subj. fell from cellar steps												
		23. I certify that I held an Inquiry I Inspection Autopsy 🗴 and that on this basis, death In my opinion											
											1		
	resulted fram: Natural causes Accident Sylicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER										_		
	ACTUAL A											DATE SIGNED	
	SIGNATURE M.D. ASSISTANT MEDICAL EAAMINER LE										1.0		
	EXAMINI NAME (T	ype)		. Kor					LEXAMINER		4/23/	69	
	A. BURIAL CREA MOVAL (Specif		AB. DATE		24C	. NAME of CEMETERY	or CREMATO	DRY 24	D. LOCATION	(City, town,	ar county) (State)	
	urial	"	4-28-	1969	B	Baltimore Na	tional		Baltimo	re, Mary	land		
25/	. DATE REC'D	BY HEALTH	DEPT.	25B. N	JAME C	OF REGISTRAR	25C.	FUNERAL DIRE	CTOR 1735	Harfor	DASS.	21213	
	Al	D 05	togo -	00	0 10	7.0		arshall					
	700	13 10 17	1. 00	10	-	9 0 0	0 4	9 F	0				



25A. DATE REC'D BY HEALTH DEPT.

V\$ 150-REV. 1/1/6B

10

258. NAME OF REGISTRAR

death. Such

hospital

69 4200 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO	69 4268							
I.NAME OF DECEASED (Type or Print)	2 DATE AND HOUR OF DEATH	9 120.							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in:	M. M. M. M. M. M. M. M. M. M. M. M. M. M							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Baltimore	DE CITY LIMITS? YES X NO \(\begin{array}{cccccccccccccccccccccccccccccccccccc							
33 The Johns Hopkins Hospital	E. STREET AND NUMBER 314 E. 20th Street	``							
S. SEX 6. RACE Female Negro Never Married Never Married New Married Never Marr	8. DATE OF BIRTH 9. AGE (In years lost birthday) 78	Months Doys Hours Min.							
IOA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Laborer Housewife	N. Carolina	U.S.A.							
Aaron Dixon	14. MOTHER'S MAIDEN NAME Parmillie Williams								
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 10. SOCIAL SECURITY NO.	Parmillie Nixon 314 E. 20	ADDRESS th St. 21218							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the UNDERLYING CONDITION last. PTOS. MASSIVE DICEOUT AND SETAND DEATH (A) IMMEDIATE CAUSE MUST. AND active DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (C) AOTHIC INSULT: 4 STRUCTS (C) CONDITION last.									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).									
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg., INJULY OCCUR?									
21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED OF INJURY (APPROX.) While A1 Not While Work A1 Work									
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased olive on Y - 2 C	4.31/ /6								
ond hour and from the causes stated above. (1) (We) (did) (did not)									
23C. PHYSICIAN'S	ending Med. Staff s. Director Phys. 23	4/24/69							
Lee J. Cordova, M.D.	The Johns Hopkins Hosp	ital							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR. Burial 4-29-1969 Mt. Auburn Cemet	EMATORY 24D. LOCATION (City	, lawn, ar county! (State)							

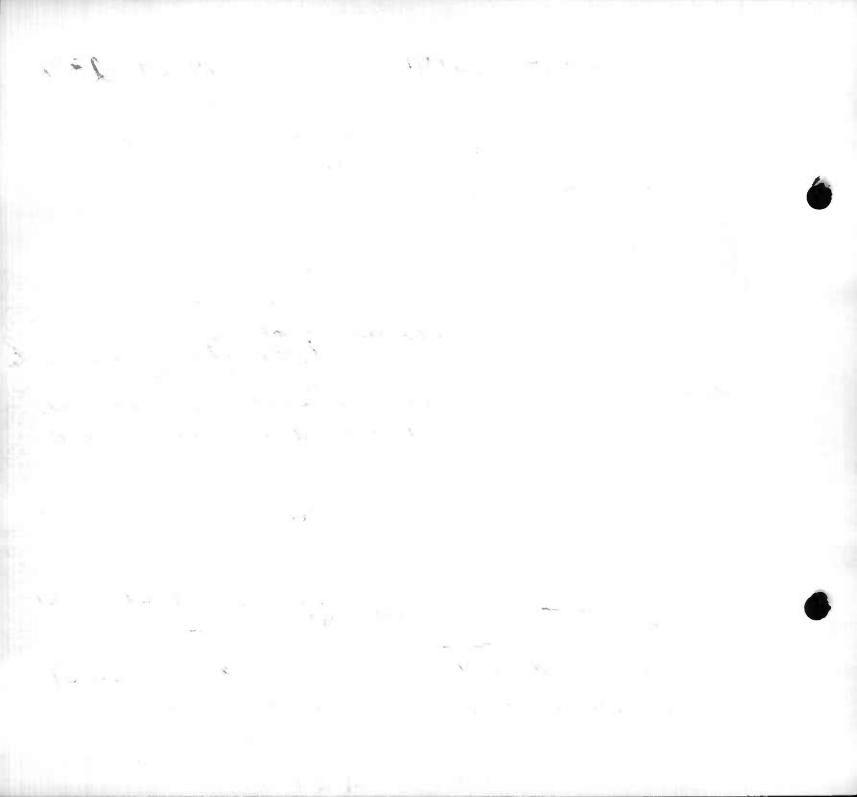
25C. FUNERAL DIRECTOR

W

Marshall

Jones,

Harford Ave A21213



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



69 4270 BALTIMORE CITY HEALTH DEPARTMENT

DATE	Kanua	1071	Month	Day	V	С.
TIFI	CATE	OF	DEAT	H REG. NO.	03	4270
DEPA	RTMENT				69	1000

RIS	RTH NO.		WED	ICAL	EX	AMINER 5	EKIIFI	CATE OF	DEAT	REG. N	0			
1.	NAME OF DEC				0	_ 0	2. DATE	Known X	Month	Doy	Yeor	Hour		
(Type or Print) MARIE STEVENSON (, KITA)					OF DEATH	Estimoted 🗀	4	19	69	1:35a M.				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	HAICED DEAD	Month	Doy	Yeor	Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					PRONOUNCED DEAD April 19, 1969 1:35 a M									
OR	NOITUTITZAI	Church	Home	& Hos	pit	al D.O.A.	A STATE	esidence (Where		ed, If institut B. COUNT		before odmission)		
6.	SEX	7. RACE		B. MARRIE	ED [NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
1	Female	Color	ed	WIDOWI	_		В	alto.			YES 🔀	NO 🗆		
9.	DATE OF BIRTH		O. AGE (In			ler 1 Yr. If Under 24 Hrs. s i Doys i Hours i Min.		37 N. Wol	fe St.					
11	BIRTHPLACE (S	tote or foreign	country)	1	2. CI	TIZEN OF	13. FATHER		1					
/	Britto	mo	,		W	HAT COUNTRY?	On	min	leve	The	~			
144	USUAL OCCU	PATION (Give ki	ind of work	148. KIND	OF B	USINESS OR INDUSTRY	15 MOTHE	R'S MAIDEN NA	WE	wou -				
don	eduring most of w	rorking lite, even	if refired)	/	Vo	ne	Po	and.						
16.	WAS DECEASE	ED EVERINU.	S. ARMED	FORCES?	7	17. SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS	6.1		
(16	s, no or unknown)		Worles	or service)		SECORITI NO.	mar	wn ne	bon	114)	1 Whally	eta It		
	19. 7 9	1.9				CAUSE OF DEA	TH				BETW	PROXIMATE INTERVAL		
	DISEAS	E OR CONDITI	ON DIREC	CTLY				A-170	9546.51		164			
		LEADING TO D				(A)IMMEDIATE C	AUSE	etermined	after	autop	sy and			
	heort foilure,	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.												
	injury or com	apfication which	coused dea	oth.)			t	oxicologi	cal exa	amınat	ion			
		ANTECEDENT CAUSES (B)												
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE													
Z	UNDERLYING CONDITION LAST. (C)													
ERTIFICATION		II CONTROL CON												
2	TO THE DEA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A)												
F	DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED										21. AUTO	21. AUTOPSY? (Yes or No)		
S	1													
¥	22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exect for										exoct locotion)	20		
EDIC	UNDERLYING OR CONTRIB- home, form, foctory, street, office bldg., etc.) INJURY OCCUR?													
M	22D. TIME	(Month) (Doy		·) (Hour)	22	E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCU	JR?				
П	(APPROX.)				WI		WHILE							
	23.													
	I cert	I certify that I held an Inquiry Inspection Autopsy XX and that on this basis, death in my opinion												
	result	resulted from: Natural causes Accident Suicide Homicide Undetermined monner												
	ACTUAL	CHIEF MEDICAL EXAMINER DATE									DATE SIGNED			
	SIGNATI		00)	1	V	M.C	ASS	ASSISTANT MEDICAL EXAMINER						
	EXAMIN						ASS	OCIATE MEDICAL I	XAMINER					
	A. BURIAL CREA MOVAL (Specification)	MATION, 24E	ward J	E. Wil	240	NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, t	4/19/ own, or county			
1	Buin	1	1-2:	360		Mitches	11 (ent	630	Uto.	mex			
25	A. DATE REC'D		PT.	258. NA	AME	OF REGISTRAR	25C.	EUNERAL DIRECT	OR	1	ADDRESS			
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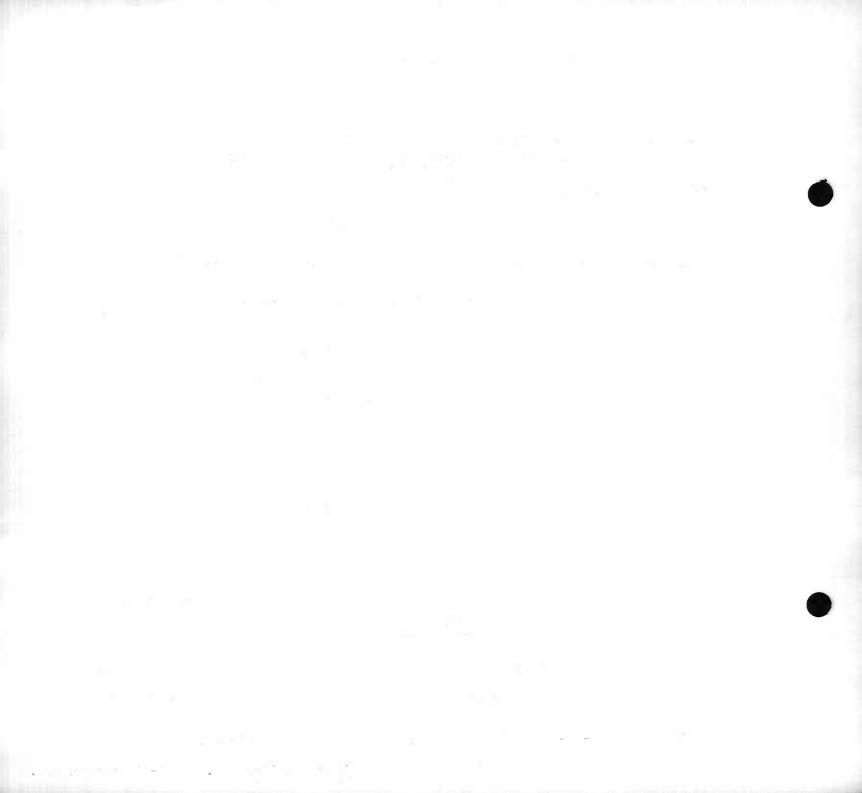
5-161	BALTIMORE CITY HEALTH DEPARTMENT
and leath ased the Such	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 4271
	(Type or Print) Anna Share Print) 2. Date and Hour of Death 4/24/69 2:40 A.
Dec ce o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If inclination, residence before administration)
a hospital cause of a se; (5) Dece indance on	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! D. INSIDE CITY LIMITS?
c 3.4.	Baltimore YES NO
r att	The Johns Hopkins Hospital E. STREET AND NUMBER 2239 Eastern Avenue
d da da	5. SEX 6. RACE 7. MARRIE TO SEX
occu ontril ermir regu sased is mo	WILCE WIDOWED DIVORCED 5/27/15 lost birthdoy) 53 Months Doys Hours Min.
4 2 = = = =	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
or or itied	Housewife Own Home Baltimore
if dect ect 4) U wa the the	13. FATHER'S NAME
7 == 3 = = 3	George Mary Fisher
Star star indicate of all calculations	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
find A the first	212-03-6495 Paul Schaffer 2239 Eastern Ave.
	18. 3 7/ 0 1 CAUSE OF DEATH APPROXIMATE INTERVAL
his so, of a sten	DISEASE OR CONDITION DIRECTLY
Hade Ag	IThis does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE TENATO-TENAL Syndrone Iday
re re re re re re re re re re re re re r	heatt lailure, asthenia, etc. It means the disease, injury ar complication which caused death.)
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lical lical irns; sicia was	(c) Chresce active and the second active and the second active ac
medical physical medical medic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL GENERAL TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
ody the	199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 199. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by ch by ch by th hys	YES
F 5 2 4 5 8 8	OR CONTERUTING CALLES OF INJURY (e.g., in or obout 21 C. WHERE DID
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hos natu ept d (6)	OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour) 21& INJURY OCCURRED (APPROX.) 21F. HOW DID INJURY OCCUR?
	Work LJ At Work LJ
2 - 2 - 0	22. I certify that (1) (this hospital) attended the deceased from 19 60 to 19 60
t be ap sed to ent of spital eath);	that (1) (we) lost sow the deceased olive an 494 19 and that in (my) (our) opinion death accurred an the date
ust be cassed transfer of dent of death)	and hour and fram the causes stated abave. (1) (We) (dld) (dld nat) view the bady after death.
S O O E	23B. DATE SIGNED
rela acci a coi or to	23C. PHYSIGIAN'S NAME Crypel 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS
ifficate my was rel (1) An acc A. at a l d prior to	Lettrey D. Meill M.D. Johns Hopkins Hospita
certification of the control of the	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
This certif the body shows: (1) was D.O.A deceased	Burial 4-28-1969 St. Stanislaus Baltimore Manuland
This ce the boo shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
******	Lilly & Zeiler Inc. 1901-07 Eastern Ave.
	VS 150-REV, 1/1/68



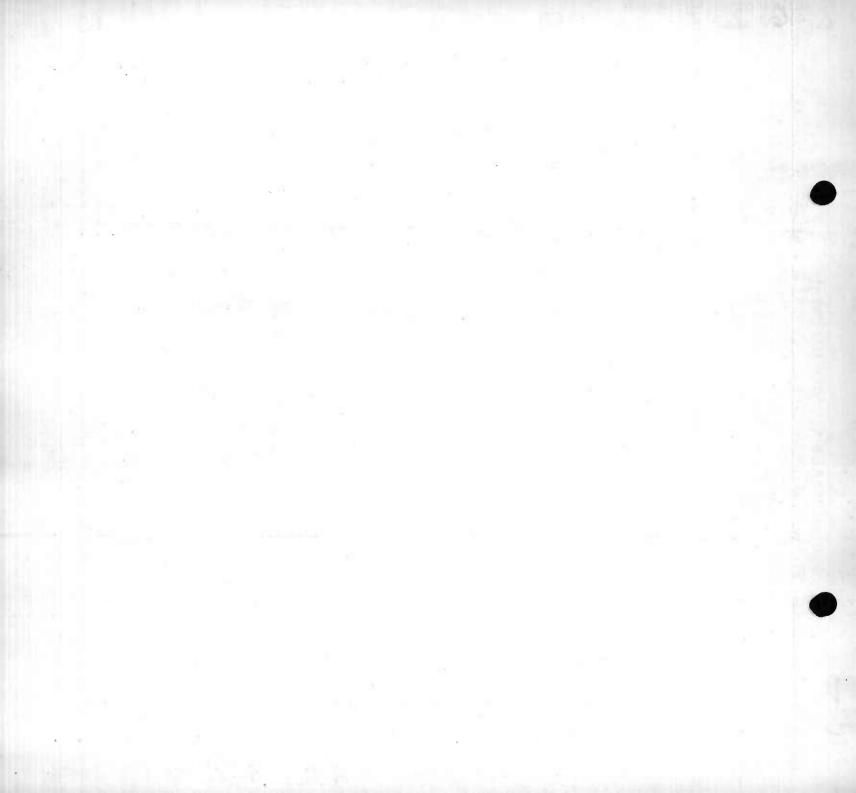
IMPORTANT

DIRECTOR:

FUNERAL

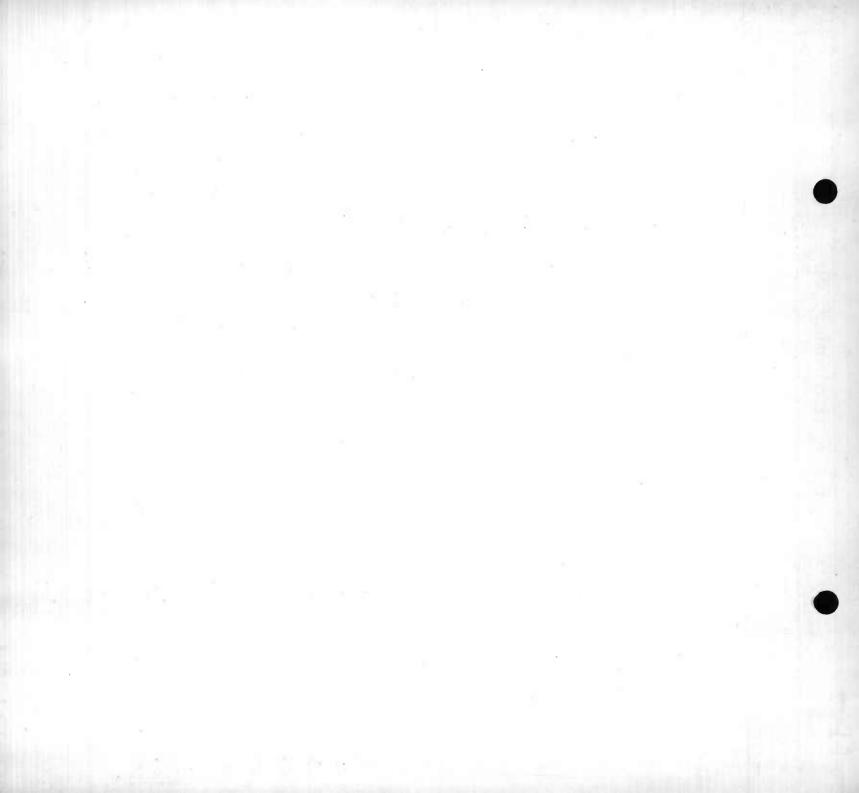


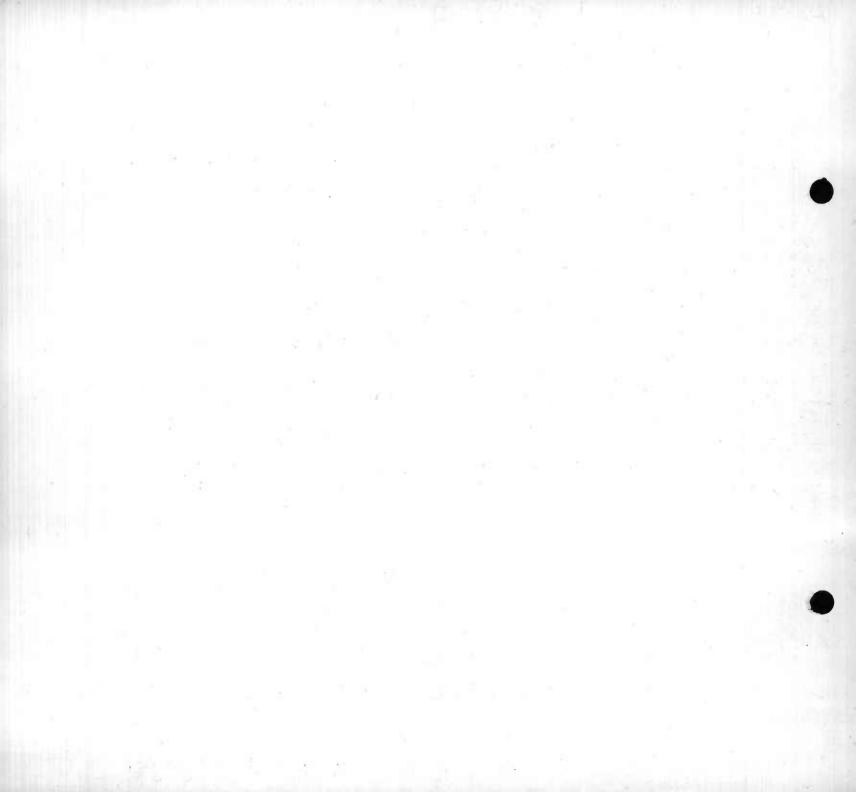
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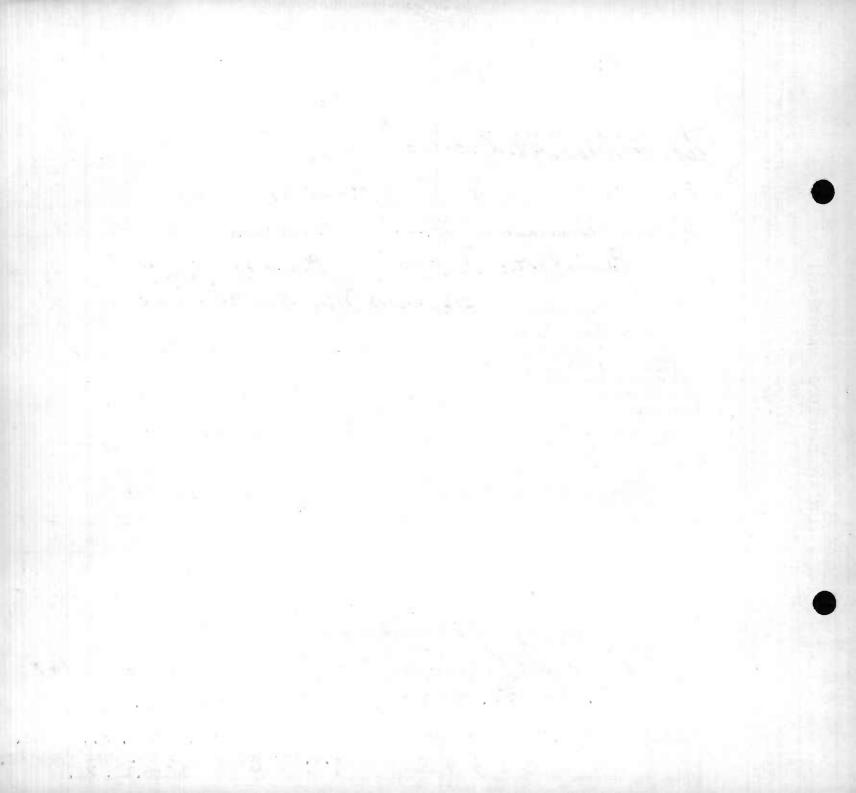
	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of de hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decey was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on lecased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Seritten approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	Also, is of an ounce need or
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	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dhows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dece vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on eceased prior to death. eceased prior to death.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of de shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decect was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Switten approval must be obtained before the remains are embalmed or final disposition is made.

BIF	00 1		HEALTH DEPARTMENT	. /	
	1TH NO. 69 4	274 CERTIFICA	TE OF DEATH	REG. NO.	69 4274
	NAME OF DECEASED PO OF PRINT PLANE F CHA	PISSINGER	2. DATE AN	D HOUR OF DEATH	9 155 P
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (When	e deceased lived. If institu	nion: residence before admission)
H	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	IN EFRUTIER	County 520
1	Taryland General Hospi	ital	Glen Burn	1	S NO
7	Tall y totals to a second to		103 Allen	Road	
5.	6. RACE VIDON			ost bithhad)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	Susual Occupation (Give kind of work 108, KINE aduring most of working life, even if refired) R. R. Eugineer Ra	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forein	TOWN,	2. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	1110000	14. MOTHER'S MAIDEN NAM	4.4 1.1	9-71
3.6	Emanuel Chrissi	nger	ROBERTI	A Madde	
(Ye	Was Deceased Ever in U. S. Armed Forces? s.no. or unknown) (If yes, give war or dotes of servi	ce) V 6. SOCIAL SECURITY NO.	on Cavel Cl.	vissinger (v	stelsame
-	(VD R1	CAUSE OF DEAT	do caroya ca	Vissinger (V	APPROXIMATE INTERVAL
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	injury or complication which coused death.)	Wil	h metastus		
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, if ony, giverise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the	A CONSEQUENCE OF:		
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Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
읟	TO THE DEATH BUT NOT RELATED TO THE TERMIN	IAL			
TIFICATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE IN CERTIFYING CAUSE	
L CERTIFICATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION 198. CONDITION FOR CONTRIBUTING CAUSE OF		n or obout 21 C. WHERE DID	IN CERTIFYING CAUSE	
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VS 150-REV. 1/1/6B



VS 151-REV. 1/1/6B

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REC

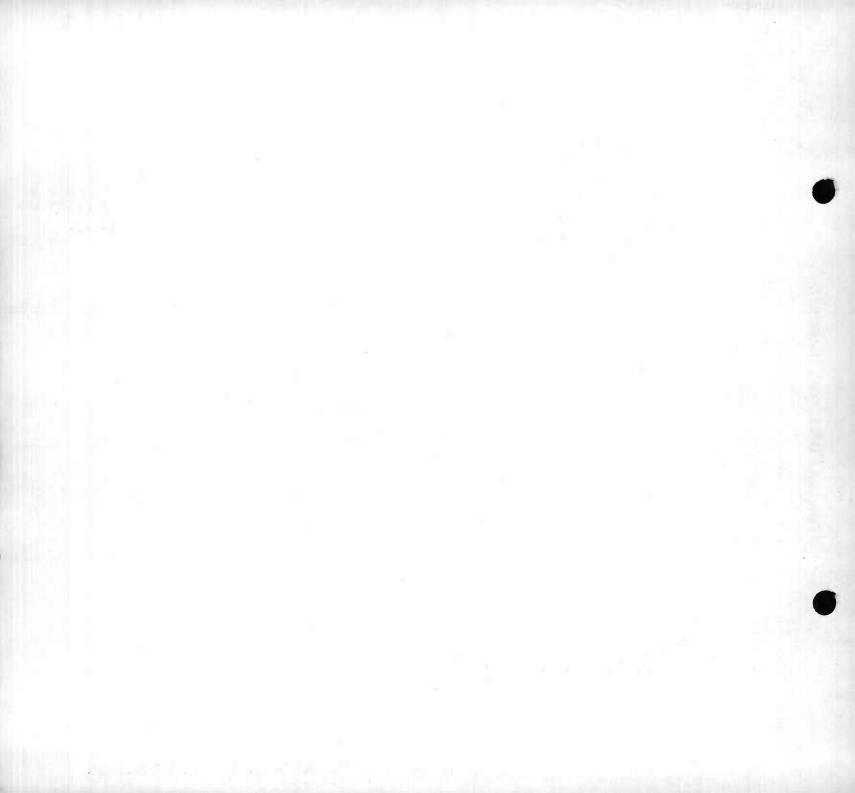
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	MORRIS D. FR.		Fitzgerald)	DEATH Esti		24, 1969	10:20 P.M
l i	LTIMORE, MARYLAND	D, WHERE PRONC		3. DATE PRONOUNCED	DEAD THUR	Doy	Yeor Hour
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SOUTH	BALTO. GE	VERAL HOST	TTAL (DOA)	A. STATE Mary		B. COUNTY	9 4-17
6. SEX	7. RACE	(B. MARRIED	NEVER MARRIED [C. CITY OR TOWN		D. INSIDE CITY	LIMITS?
Male	White	WIDOWED	DIVORCED [Baltimore	2/230	YES	P NO D
9. DATE OF BIRT		E (In years If Ur	nder 1 Yr. If Under 24 Hrs. hs, Doys, Hours, Min.	E. STREET AND N			
Jept-12-1	1911 157			523 Cleme	nt Street		6
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Delth	ind.		USA.	Undrew	7.7	genar	7
done during most of	JPATION (Give kind of v working life, even if retire	ed) A	BUSINESS OR INDUSTR	MOTHER'S MA	IDEN NAME	rolli	18
16 WAS DECEAS	EN EVED IN HE AD	MED EOPCES2	II7 SOCIAL	1B. INFORMANT	4 //	ADDI	RESS - Comp
(Yes, no op unknown	(If yes, give war or de	otes of service)	SECURITY NO	Mrs. Cathe	ine fittige	rold-(n	ife-wicker)
9.412	1000		CAUSE OF DEA	TH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEAS	SE OR CONDITION D	DIRECTLY	Arterio	sclerotic o	ardiovascul	ar diseas	
	LEADING TO DEATH		(A)IMMEDIATE	CAUSE			
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injury or co	mplication which caused	deoth.)					0
	NTECEDENT CAUSE		(B)	AS A CONSEQUENC	F OF:		
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Z ONDEXE	ING CONDITION TA	31.	(c)				
	II NIFICANT CONDITION						1 3 4 1
DISEASE O	ATH BUT NOT RELATED R CONDITION GIVEN						
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5							yes
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REMOVAL (Spec	city) assi	78-1969	Julie 4.5. na	t'Li Com.	Delte,	moj.	BALTO.
ZSA. DATE REC'E	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	75 EUNER	AL-DIRECT GURT	IS E. EXA	ANS mo
A	PR - 1969	R. P. B. S	Jankey MA C	Junes	Janes / 4005	CHANLE	57/2/230

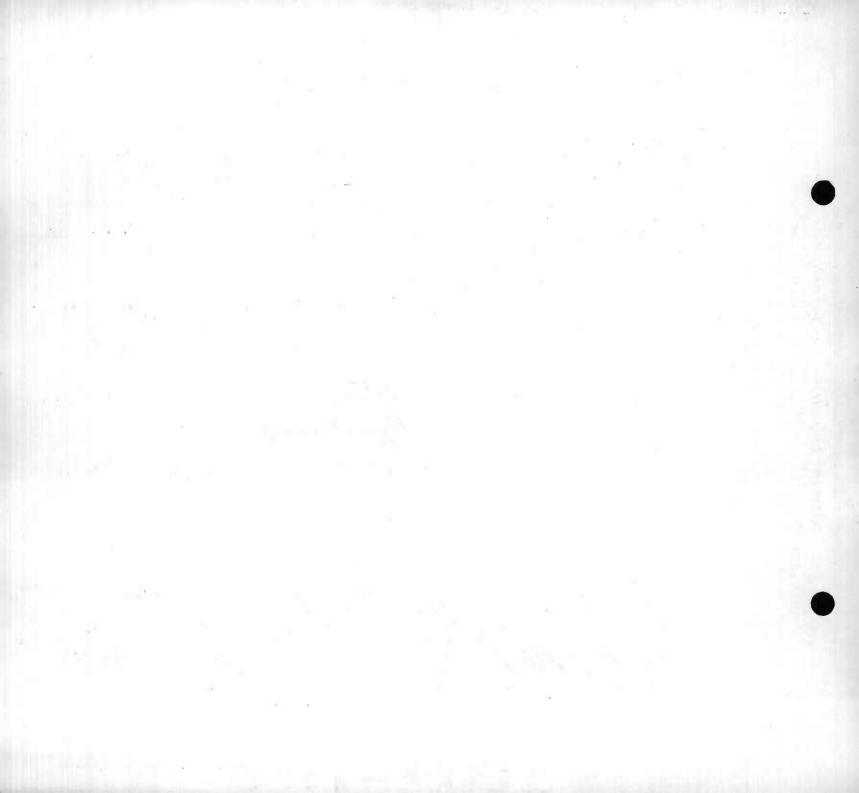
(Marriage record)

5/13/69 - Maurice D. Fitzgerald and Catherine Schlauck. D.M. 2/12/1933.

Place: Baltimore, Maryland. Folio 100 - Docket 1933.

VS 150-REV. 1/1/6B





BIRTI	H NO.			O CERTIFICA			
	ME OF DEC				2. DAT	E AND HOUR OF DEATH	H
	KA		A. GRIF		The Manual RESIDENCE	122/69	
3. PL	LACE IN BAL	IMORE, MARYLAN	D, WHERE PRONG	OUNCED DEAD		OUNTY	institution: residence before
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	PITAL OR				C. CITY OR TOWN	D. IN	YES NO
11	MNION	MEM. H	es P.		E. STREET AND NUMB	ER	YES NO L
7	7				7605 MI	EMDOW WAY	
5. SE	X	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Und Months! Doys Hours!
	M	W	WIDOWE	= =	4/8/94	last birthdoy) 75	10000
ióA.	USUAL OCCI	JPATION (Give kind o	of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT
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	ATHER'S NA				14. MOTHER'S MAIDEN	INAME	
5	-UC -JE	w. ari	IE= Al		ABBIE M.	SAWYER	
15. W	os Deceosed	Ever in U. S. Arme	ed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes,	no or unknown	(If yes, give wor o	or dotes of service)	212-01-0293	WIFE, MES	LUCY F. GA	RIGERAL
_	1B. dad		',	CAUSE OF DEAT			APPROXIMATE I
	heort foilure, injury or com	oslhenio, elc. II m aplication which co ANTECEDENT CA	aused deoth.)	0	use a consequence of: dia dilai	Palin . Hy	nert, phy
	heort foilure, injury or com DISEASES Crise to the	osthenio, etc. It m plication which ca	neans the diseas aused death.) .USES if any, givin (A) stating th	(B) Can (B) DUE TO, OR A: (C) Qy(C)	S A CONSEQUENCE OF: S A CONSEQUENCE OF: LICE CLEGOLIC	. Carlina	oc. Recup
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51 FE/XIE THE STATE OF THE S THE RELEASE CONTRACT CONTRACT OF THE PARTY OF CONTRACTOR AND STATE OF THE PARTY OF THE PAR 234 1. wh who was a company of the compa -1-1× X affiliate man on all the leadings

IMPORTANT

DIRECTOR:

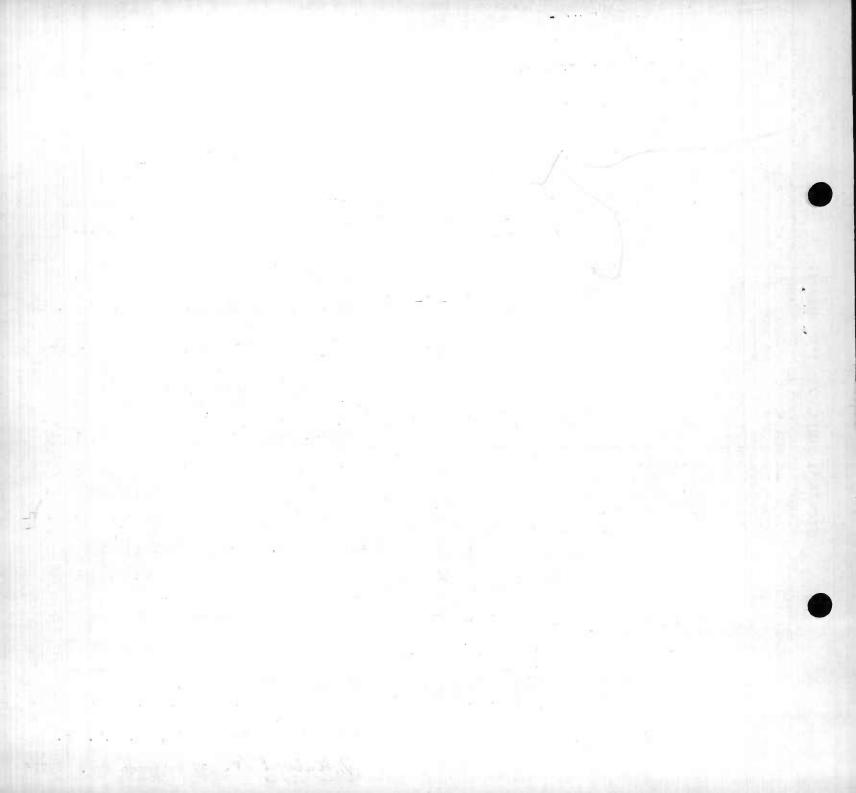
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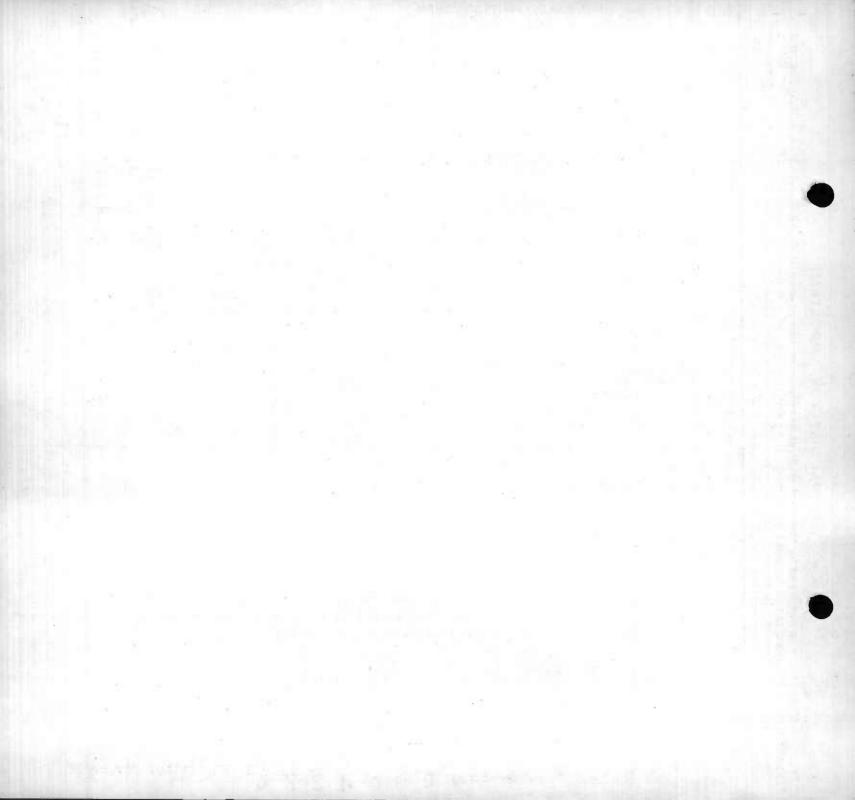
	CO	406	BALTIMORE CITY	HEALTH DEPARTMENT	\/	69 4282
BIRTH NO.	69	428	2 CERTIFICA	TE OF DEATH	REG. NO	OU THUE
I. NAME OF DEC	EASED				AND HOUR OF DEATH	
(Type or Print)	ARTH	R MII	LTON HAMMONE			
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IV	PRIL 23, 1	969 8:15 P A institution: residence before admission
				A. SIAIE B. CC	YINU	F 7 3 38
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	MARYLAND	Balto, Co	53-00
INSTITUTION				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
1/2 0= 1				BALTIMORE		YES NO
70 SI A	GNES HOSPIT	AL		E. STREET AND NUMBER	-	
5. SEX	V na ce		-	1301 RICE		
10 JEA	6. RACE	MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hous Min.
MALE	WHITE	WIDOWED		11 06 86	82	
OA. USUAL OCCU	JPATION (Give kind of work working life, even if retired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	D-WRITER	GAS	& ELECTRIC	MADVLA	ND	11 6 4
3. FATHER'S NAM		GAS	G ELECTRIC	MARYLA 14. MOTHER'S MAIDEN I		USA
					NAME	
	F ARTHER			CLARA BALL		
5. Was Deceased Yas, no or unknown)	Ever in U. S. Armed For-	cos? s of service!	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES\$
	, , , , , , , , , , , , , , , , , , , ,			CT ACNEC	HOCD DECO	DDC DALTO MD
NO 18.			212 05 3516	ST AGNES	HOSP. RECO	
4/0	E OR CONDITION DI		CAUSE OF DEATH		. /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	RECILY		C-11/	- 1 (1)-	. / 4
(This does no	ot mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE PYPNOVY CONSEQUENCE OF:	SCULLY UCC	(CLU)
heort lailure,	asthenia, etc. It means plication which caused	the disease,	DUE 10, OR AS I	CONSEQUENCE OF:	. / -	
1		deam.j	11	11./01	1).	
	NTECEDENT CAUSES		(B) HINRYOS	clevotic (UVdia	ONUSCULOr VISC	2654
DISEASES O	R CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING	above cause IA) CONDITION (ast	stoting the	(c)			
	11		(0)	**************		
OTHER SIGNIFIC	II CANT CONDITIONS CO	ATRIBITING				
E ITO THE DEATH	BUT NOT RELATED TO TH	E TERMINIAL	***************************************			
19A DATE OF	OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yos or	No. 20R IF YES WERE	EINDINGS CONSIDERED
	WAS PERF	ORMED		NO	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDEN	T WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., in		/IS to Relation	Chr. character to attach
OR CONTRIBUT	TING CAUSE OF medical examined	hom	e, form, foctory, street, off	ice bldg. INJURY OCCUR!	ur in bossime	re City, give exoct location)
2						
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)		Whi	ie At Work Not While At Work			
22. I cartify t	that XI) (this hospital)			DDII 21	_19_69_toA	PRIL 23 19 69
		-/	APRIL 23	19 69 and	VV	
	last saw the decease					inian death occurred on the dote
and haur and	from the courses state	ed abave. ()	(We) (did) (d)(d)(h)(t) vi	ew the bady after deat	h•	
23A. SIGNATUR	E //				4	23 B. DATE SIGNED
	14149		After Phys.	ding Med.	Staff Phys.	04 23 69
23C. PHYSICIAN NAME (Ty	45 / /		DUGKEE	3D. ADDRESS	1993.	04 23 69
NAME (Ty						
AA. RUBIAL COSA	SALVADO				SP. CATON 8	
AA. BURIAL CREW	AATION, 248 DATE	24C.NA	ME of CEMETERY OF CRE		LOCATION (C	ity, town, or county) (Stote)
BURIA	14/26/6	9 60	WOON PK.	Cem,	BA170.	Md
SA. DATE REC'D		25B NAME O		25C. FUNERAL DIRECT	OR 24 2	ADDRESS - 4
	Mar # 9 1568	12.09.5	62 9 al 12	CASME	Well- 30	1 trederick Rd
S 150-REV. 1/1/6		MINS FULL	many & and desired and a second	- Milare	Men Ba	LA LAMA



VS 150-REV. 1/1/68



BIRTH	H NO. 69 4284 CERTIFICA	ATE OF DEATH REG. NO. 4204
	AME OF DECEASED OF PRINTILE NINON, SARAH LOUIS	A 24/69 830 P.
3. PL	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
FULL	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND, BALTIMORE 19-03
IZOH ITZNI	SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
BI	ALTIMORE CITY HOSPITAL	BALTIMORE YES NO
	940 EASTERN AVE. BALTIMORE, MD. 21 224	123 S. MONROE ST
5. SE		B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
	ENALE WHITE WIDOWED DIVORCED	3-21-21 40
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	
	WAITRESS	WEST BIRGINIA
	ATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1EAD = Vincent	€ V A Tracey
Yes,	Vas Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	BCH: RECORDS BALTIMORE, MARYLAND #21224
1.	235-20-0318 CAUSE OF DEA	
1	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A)IMMEDIATE C	LUSE RESPIRATORY COLAPSE '2 MONTH
1	neart failure, astnenia, etc. II means the disease,	A CONSEQUENCE OF:
i	injury ar camplication which caused death.) ANTECEDENT CAUSES	2 day
	DISEASES OR CONDITIONS, if any, giving	RACHNOIDAL HEMORRHAGE and Zday.
r	rise to the above cause (A) stating the	RE CEREBRAL ANEURYSM
-		
NO	0 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 2		in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)
₹ 0	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?
0 2	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
> 1	OF INJURY (APPROX.) White At Work At Wo	ite
2	22. I certify that (I) (this haspital) attended the deceased fram	2/22/69 19 to 4/24/69 19
		6 9 19 and that in(my) (our) opinion death accurred an the da
	and have and from the causes stated above. (1) (We) (did) (did nat	
- 1	23A. SIGNATURE	23B, DATE SIGNED
	DEGREE	tending Med. Stoff Nys. Director Phys.
2	23C. PHYSICIAN'S	23D. ADDRESS BALTIMORE CITY HOSPITALS
	JUAN LORA DEGR	GOLD EVENEDM-VIE BYLLETMODE PUT 31331
24A.	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of	REMATORY 24D. LOCATION (City, town, or county) (State)
]	h /or /10/0 Anights of ryth	batem, west virginia
25A.	. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	10300 July 11 11 11 11 11 11 11 11 11 11 11 11 11
	50-REV. 1/1/68	Sertz Funeral Home Balto. Ma. 21212
_	Burial 4/27/1969 Memorial Park DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR APR 28 1969 Control of the second secon	barem, west virginia



			BALTIMORE CITY	HEALTH DEPARTMEN	lT .		
BIRTH NO.	6	9 42	85 CERTIFICA	TE OF DEAT	H REG. NO	$-69 ext{ } 428$	5
I. NAME OF DECEA		0			E AND HOUR OF DEATH		
(Type or Print)	THEL TO	AN W	HISTLEMA	. 1	- 2 4 - 60	· 5.55	- D
40-	MORE MARYLAND, W			4. USUAL RESIDENCE	(Where deceased lived, If in	stitution: tesidence before	odmission
				A. SIAIE B.	JOUNIT		1
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	BALTIHORE		/ //	23
NOITUTITZNI				C. CITY OR TOWN		DE CITY LIMITS?	
	1 52.115	2- 110	Court	BALTI MOR		YES NO]
FRANKLI	N SQUAF	TE HU	SPITAL.		CHROEDER	STI	
5. SEX 16	RACE	7		8. DATE OF BIRTH	9. AGE (In years		
9	W	WIDOWED	NEVER MARRIED	10-29-91	lost birthdoy)	Months Doys Houis	dei 24 His. Min.
IOA USUAL OCCUP	• •		DIVORCED NO BUSINESS OR INDUSTRY		1/1/	120 617 774 67	
done during most of wo	rking life, even il retired]	TOTAL MILLED OF	DOJINESS OK INDUSIKI			12. CITIZEN OF WHAT	
				VIRGINI		U.S. A	r .
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
SQUIRE	JUNIUS	BLA	66	MARY A	MASTERS		
5. Was Deceased E	ver in U. S. Armed For f yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
	yes, give wor or dole	S of servicel	SECURITY NO.	A (1-+ A) () (A) (A) (A) (A) (A) (A) (A)		.14.48
N-0			214 20 0383		RUANGWIT, H.D. 9		HOSP
114	X		CAUSE OF DEAT	1		APPROXIMATE	
	OR CONDITION DI	RECTLY		DEMAUS	ATION . UI	REULA	
(This does not	meen the made of	dving, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	WILLIAM SCI	VELLA-	
heort failure, as	lhenio, etc. Il means cation which caused	the disease,	DUE 10, OK AS	A CONSEQUENCE OF:			
	TECEDENT CAUSES	Geath's	- 118	INIARY TO	PACE INIT	07/1/2	
					RACT INFE	CLICIN	
rise la lhe	above cause (A)	any, giving		A CONSEQUENCE OF:	000010		
UNDERLYING	CONDITION last.	stating into	(c) ME	TASTATIC	CA BREAS		
	11						
OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING					
✓ IDISEASE OR CON	BUT NOT RELATED TO THE	HE TERMINAL T 1 (A).	4844444mm0000000uopu				
19A. DATE OF O	PERATION 198. CON	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CAL	INDINGS CONSIDERED	
			Pages	NO.		DIES OF DEATH.	
. OR CONTRIBUTE	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	or obout 21 C. WHERE D	D (If In Boltimore	City, give exoct location)
DEATH (notify m		etc.)			_{pressure}		
21D. TIME (A	Aonth) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DIE	INJURY OCCUR?		
OF INJURY (APPROX.)			le At Not White				
00 1 11	*************	Wor			1		1
	at (1) (this hospital			7,5	19 69 to 4-	34-	19 69
that (1) (we) la	st sow the decease	d alive on	4-24-	19 <u>69</u> on	d that in (my) (our) opin	nian death occurred a	in the date
and hour and f	ram the couses stat	ed above. (1	(We) (did) (did nat) v	lew the bady after de	ath.		
23A. SIGNATURE	^	14	1.0	-		238. DATE SIGNED	
Mai	Rugnar	W/	MID. Atte	nding Med.	Staff Phys	4-24-1	9
23C. PHYSICIAN	7	,		3D. ADDRESS	- ''''	1 6	
ITA I	1 1 1 1 1 1 1 1	WIT	M. 0	FRANKLIN	SQUARE	HOCDITA	
24A. BURIAL CREMA		24C NA	ME of CEMETERY OF CRE			HOSTIIA	
24A. BURIAL CREMA REMOVAL (Spe						y, town, or county!	(Stote)
Burial	4-27-69		n Presbyteria			ta County V	rginia
25A. DATE REC'D BY		258. NAME O	1200 1 m/1	25C. FUNERAL DIREC		ADDRESS	01000
A A	PR. #8 1969	Untreas	- Ed Tallyen	Howard H.	Hubbard 4107 W	ilkens Ave.	ZIZZ9

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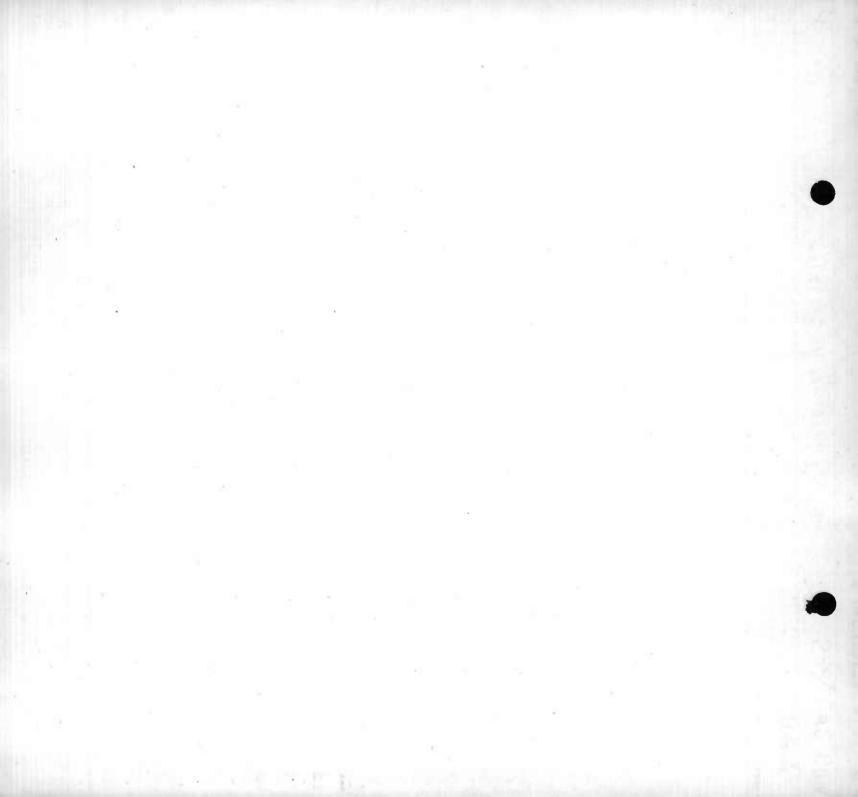
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D-400

69 4286 BALTIMORE CITY HEALTH DEPARTMENT

			MED			EANINER'S			DEATH	1	69	428	36
BIT	TH NO.									REG. NO.			
1. (Τγ	1. NAME OF DECEASED (Type or Print) DENNIS DAILEY						2. DATE OF DEATH	Knawn 🕅	Manth April	24. 19	Year 969	7:45	А. м.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE P	RONO	UNCED DEAD	3. DATE		Manth	Day	Yeor		
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPIT	AL OR IN	STITUTIO	N, GIVE STREET		RESIDENCE (When	April		969	7:45	А. м.
	70	Univer	sity H	ospit	a1		A. STATE	Maryland		. COUNTY	Howa	. 10	-00
6.	SEX	7. RACE		B. MAR	RIED _	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CI	TY LIMITS	3	
	Male	White	е	WIDO	WEDX	DIVORCED		Ellicott	City	YI	ES 🗌	NO 🗆	
	DATE OF BIRT		10. AGE (I	(Y)	Month	der 1 Yr. If Under 24 Hrs. is, Days, Hours, Min.	E. STREET	5 Orchard	Dreftro				
11.	lugust 2	State or lareid	on country)	44	12. CI	TIZEN OF	13. FATHE	R'S NAME	DITAG				_
	Donnaril				W	HAT COUNTRY?							
144	USUAL OCCU	PATION (Giv	e kind af work	14B. KIN	D OF B	S A USINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN NA	ME				_
dan	e during mast of v	warking lile, ev	en ifretired)										
	cuck Dri	-	U.S. ARME	FORCE	5?	17. SOCIAL	1B. INFO	Unknown RMANT		A	DDRESS		Md
(Ye	s, no ar unknown	(il yes, give	war or dates	of service	e)	217-05-1165	Maria	To De . 1	0		DD 1	D174	
	19.	14				CAUSE OF DEA		Jane Reed	er, 5_0	rchard		APPROXIMATE IN TWEEN ONSET AP	TERVAL
	TDICEAC	E OR COND	UTION DIRE	CTIV		Arterio	sclero	tic cardio	372601112	r dino		THEER ONSET A	D DEATH
		LEADING TO		CILI		(A)IMMEDIATE		cic cardio	vascula	I disc	150		
		ot meon the						QUENCE OF:					
		nplication whi											
	Al	NTECEDENT	CAUSES			(n)							
	DISEASES	OR CONDITI	ONS, IF AN			DUE TO, OR	AS A CONS	EQUENCE OF:					
		E ABOVE CA		TING TH	E	40)							
O						(C)							
CERTIFICATION	TO THE DE	NIFICANT COI ATH BUT NOT R CONDITION	T RELATED TO	THE TER	MINAL			*******		in an air in Transcription with the State of			
RT						WHICH OPERATION W	AS PERFOR	MED			21. AU1	TOPSY? (Yes a	r Na)
Ö	0											Mo	
CAL	22A. EXTER	NAL CAUSE			22B. P hame,	LACE OF INJURY(e.g., larm, factory, street, affic	in or about e bldg., etc.)	22C. WHERE DID	(If in Boltimore	City, give ex	oct locotion	No 1)	
	UTING CA	USE OF DEA		anl				-7,		Warning Co.			
Σ	OF INJURY	(Manth) (I	Day) (Yea	r) (Ho	,	E.INJURY OCCURRED		22F. HOW DID IN	IJURY OCCU	R?			
	(APPROX.)						VORK						
	23.												
L		tify that I h		Inquiry			tapsy 📙	ond that on			apinion		
П	resul	ted fram: h	latural ca	ses X_	Ac	cident Suicio	de 🔲 🛚 I	lamicide 📙	Undetermin	ed monner			
	ACTUAL	1	1	1	1	1, 1		CHIEF MEDICAL				DATE SIGN	NED
ı	SIGNAT		lian	10	S	- 221 M.C	AS	SISTANT MEDICAL	EXAMINER	X			
b	EXAMIN NAME (1.1	narles	S. S	prii	ngate, M.D.	ASS	OCIATE MEDICAL	EXAMINER	Apri	il 24	, 1969	
	A. BURIAL CRE MOVAL (Spec	MATION,	24B. DATE		240	. NAME of CEMETERY	or CREMA	TORY 24D	LOCATION	(City, tow	n, ar coun	ty) (Sta	e)
	Burial		4-28	-1969	L	oudon Park C	emeter	v P	altimor	e. Mar	vland		
25	A. DATE REC'D	BY HEALTH				OF REGISTRAR		FUNERAL DIRECT		1	DDRESS		
		N. S. C.	1969	060	تكيه	2. Farberna	Но	ward H. Hu	bbard,	4107 W	ilken	s Ave.	21229
VS	151-REV. 1/1/6	В		1	5	9 0 0	0 4	2. 7					I.



VS 151-REV. 1/1/68

		MI	EDICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H PEG NO	b.	9 4200
BIRTH	NO.							KEG. 140.		
	ME OF DEC				2. DATE OF	Known	Month	Doy	Year	Hour
(iype		ALBERT J. F	ROSS Sr		DEATH	Estimoted [April	24, 196	69	5:10 P. M
4. PLA	CE IN BAL			ONOUNCED DEAD	3. DATE		Month	2/ Doy 10/	Yeor	Hour
HOSPI	IAME OF TAL STITUTION	(IF NOT IN HOS	SPITAL OR INST OCATION)	TITUTION, GIVE STREET		UNCED DEAD	April	,		5:10 P.
OK IIV					A. STATE	EZIDEIACE (Mue	re deceosed II	B. COUNTY	n; residence	before damission)
	MAR			PITAL (DOA)		Marylan	d			-0d
6. SE)	(-	7. RACE	B. MARR	IED A NEVER MARRIED	C. CITY OF	RIOWN		D. INSIDE CI	ITY LIMITS?	
Ma	1e	White	WIDOW	VED DIVORCED	Ba1	ltimore		YI	ES X	NO 🗆
9. DA	TE OF BIRTI		E (In years	If Under 1 Yr. If Under 24 Hrs	. E. STREET	AND NUMBER				2 7 8
	7/17/1		67	Months Doys Hours Min.	816 F	Park Aven	ue			
11. BIF	THPL ACE (S	tote or foreign countr	γ)	12. CITIZEN OF	13. FATHER	'S NAME				
5	South C	Carolina		WHAT COUNTRY? USA	Tar	neg H E	Ross			
14A.U	UAL OCCU	PATION (Give kind of w	vork 148. KIND	USA OF BUSINESS OR INDUSTR	TY 15. MOTHE	R'S MAIDEN N	AME			
done de	Pring most of v	orking lite, even it retir	ed)							
16 W		ED EVER IN U.S. AR	MED FORCES	? I7. SOCIAL	1B. INFOR	ola Brewe	61.	ΔΙ	DDRESS	
(Yes, n	or unknown)	(If yes, give wor or do	otes of service	SECURITY NO.			3 77			0.0
	res	WW1				r Funera	al Hom	e Colun		S.C.
19.	391	. V		CAUSE OF DE	ATH					PPROXIMATE INTERVAL WEEN ONSET AND DEAT
	DISEAS	E OR CONDITION D	IRECTLY	Rheuma	tic hea	rt diseas	se			
		LEADING TO DEATH		(A)IMMEDIATE	CALISE					
	(This does n	of mean the made of	f dying, e.g.,		AS A CONSEC	QUENCE OF:				
	injury or con	, osthenio, etc. It meon aplication which coused	s the disease, I de oth.)							
						-				
		NTECEDENT CAUSES		(B)						
	RISE TO THE	OR CONDITIONS, IF	ANY, GIVING STATING THE		R AS A CONSE	QUENCE OF:				
2		G CONDITION LAS		(c)						
Q-				/~/						
CERTIFICATION	OTHER SIGN	II IFICANT CONDITION:	S CONTRIBUT	IING						
읪		TH BUT NOT RELATED		INAL		m w m-st-w m st-m m m so-t/-t-m st-st-w w m m-s				
20				FOR WHICH OPERATION V	VAS PERFORI	MED			21. AUTO	OPSY? (Yes or No)
S	^			, ok minen er ekminere i						,
1)									no
	NDERLYING	NAL CAUSE WAS		22B. PLACE OF INJURY (e.g. home, form, foctory, street, off	., in or obout ice bldg., etc.)	INJURY OCCUR?	(If in Boltimo	re City, give exc	oct locotion)	
Σ 22	D. TIME	(Month) (Doy) (Year) (Hou	r) 22E.INJURY OCCURRED		22F. HOW DID I	NIURY OCC	UR?		
0	FINJURY	() (507)	(100		T WHILE					
	PPROX.)				WORK					
23		ify that I held an	Inquiry [Inspection X A	utapsy 🗌	and that an	this basis,	death in my	opinlan	
	result	red from: Natural	couses X	Accident Suic	ide H	omicide	Undeterm	ned manner		
	10301		/ .	11 /		CHIEF MEDICAL				
	ACTUAL	1/.	///	1.11	400			K		DATE SIGNED
	SIGNATI	JRE Jany	7 4/6	M.	D,	ISTANT MEDICA				
	EXAMIN NAME (1	Nonaid	N. Kon	cnblum, M.D.	ASS	OCIATE MEDICAL	LEXAMINER	П	4/	25/69
	BURIAL CRE	MATION, 24B. DAT	TE	24C. NAME of CEMETER	or CREMAT	ORY 24	. LOCATION	(City, tow	n, or county	y) (Stote)
	OVAL (Speci		0.100	Toolsan Cons	l. Dowl	iat	0.1	- lie C	C	
	Burial		8/69	Jackson Cree				nbia, S		
25 A.	DATE REC'D	BY HEALTH DEPT.	25B. N	IAME OF REGISTRAR	. XX7	m. Cook			ADDRESS	
		app 27 196	8 100	and the Summer of the	62	12 Balt.	Nat Di	ke Relt	Md	21228
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poved July E Land of the state

Type or Print		ge F. Jr	•	2. DATE	24769 6:20	PM	
FULL NAME	OF (IF NOT IN HOSPI		UNCED DEAD UTION, GIVE STREET	4. USUAL RESIDENCE () A. STATE B. CO	Whore decoased lived. If in the second lived. If it is not the second lived. If	institution: residence Land Balt	
HOSPITAL OF	R ADDRESS OR LOC	(NOITA		c. CITY OR TOWN Baltimore	D. INS	SIDE CITY LIMITS?	53-0
St Agnes Hospital Baltimore, Md 21227				e. STREET AND NUMBE 1700 Langf	ord Rd	YES L	NO X
Male	Caucasion	WIDOWED		8. DATE OF BIRTH 11/28/19	9. AGE (In years last birthday)	II Under 1 Yr. Months Days	Il Under 24 Hr Hours Min.
lone during ma	OCCUPATION (Give kind of work st al warking life, even if retired) Cutter	A&P Te		Washington,		12. CITIZEN O	F WHAT COUNT
3. FATHER'S Geor	ye F. Walker,	Sr		Wolfe, G			
5. Was Daced Yes, no or unkn	osed Ever in U. S. Armod For nown) (If yes, give wer or dote	rces? es of sarvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDI	RESS
Yes	WW2?		215 09 8684	Doris Walker	· 1700 Langfo	ord Rd Ba	lt. Md. 07
injury at	es nal meon the mode of ure, osthenio, etc. It means complication which caused ANTECEDENT CAUSES	the disease, death.)	Ven	tricullar	Velation	3 9 .	
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69 4290 CER	
BIRTH NO.	RTIFICATE OF DEATH REG. NO. 69 4290
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
Mary Hudnall	4-24-69 6:15 a
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	D 4. USUAL RESIDENCE (Where decoosed lived, If institutions residence before admis-
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	Managara and Cooking
Provident Hospital, Inc	Baltimore YES NO
37 1514 Division Street	E. STREET AND NUMBER
Baltimore, Maryland 212	217 524 Laurens Street
5. SEX 6. RACE 7. MARRIED NEVER M	ARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., II Under 24 Months; Days; Hours; Michael Months 1 Days; Hours; Michael Months 24 Months 25 Michael Months 26 Michael Months 26 Michael Michae
remale Negro	VARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Menths Doys Hours Mir
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OF	R INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired)	
13. FATHER'S NAME	Virginia U.S.A.
71/1/1 / 00/1/ / 10	14. MOTHER'S MAIDEN NAME
William C. Hudnell	Margaret Penn
5. Was Deceased Ever in U. S. Armed Forces? Yos, no or unknown) (If yes, give wer or doles of service) SECURITY	17. INFORMANY
SECURITY	Hortense Jackson/ Daughter Same
18.4436.9 CAUSE	
DISEASE OR CONDITION DIRECTLY	E OF DEATH APPROXIMATE INTERV BETWEEN ONSET AND DE
LEADING TO DEATH	A
(This does not mean the made at dying, e.g., (A) IMM	MEDIATE CAUSE Clumin al Pollin Chopney -
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	suma
ANTECEDENT CAUSES	
DISSASES OR CONDITIONS (8)	le relieve de seufar a consequence of: Le relieve de seufar a consequence of: Le relieve de seufar a consequence of:
DISEASES OR CONDITIONS, if any, giving DUE rise to the above cause (At stoling the	E 10, OR AS A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
TIDISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERA	ATION 20A. AUTOPSY? (Yos or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	No
U 21 A. ACCIDENT WAS UNDERLYING 1218 PLACE OF IN	VJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)
OR CONTRIBUTING CAUSE OF home, form, forton	VJURY (e.g., in or obout 21 C. WHERE DID ry, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exect location)
OR CONTRIBUTING CAUSE OF home, form, foctory	(If In Boltimore City, give exact location)
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCC	ry, street office bldg., INJURY OCCUR?
DEATH (notify medical examined) otc.) 21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCC While At The Company of the Company	CURRED 21F. HOW DID INJURY OCCUR?
DEATH (notify medical examined) otc.) 21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCC While At Work	CURRED 21F. HOW DID INJURY OCCUR?
DEATH (notify medical examined) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC While At Work 22. 1 certify that (1) (this hospital) attended the deceased	CURRED Not While At Work from April 23, 1969 to April 24, 1969
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC While At Work 22. I certify that (I) (this hospital) attended the deceased that (I) (we) last sow the deceased alive on April 2	Not While April 23, 19 4 April 24, 19 69 and that in(my) (our) opinian death accurred an the desired control of the second control o
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC While At Work 22. I certify that (I) (this hospital) attended the deceased that (I) (we) last sow the deceased olive on April 2 and haur and from the causes stated above. (I) (We) (did) (Not While April 23, 19 4 April 24, 19 69 and that in(my) (our) opinian death accurred an the desired control of the second control o
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC While At Work 22. I certify that (I) (this hospital) attended the deceased that (I) (we) last sow the deceased alive on April 2	Not While April 23, 19 4 April 24, 19 69 and that in(my) (our) opinian death accurred an the desired control of the second control o
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC While At Work 22. I certify that (I) (this hospital) attended the deceased that (I) (we) last sow the deceased alive on April 2 and haur and from the causes stated above. (I) (We) (did) (23A. SIGNATURE	CURRED 21F. HOW DID INJURY OCCUR? Not While
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DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC While At Work (APPROX.) 22. I certify that (I) (this hospital) attended the deceased that (I) (we) last sow the deceased alive on April 2 and haur and from the causes stated above. (I) (We) (did) (23A. SIGNATURE 23A. SIGNATURE 4A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) VIR GIMIA CREMATION 24R. MATE	CURRED Not While At Work from April 23, 1969 to April 24, 1969 24, 1969 and that In(my) (our) opinion death accurred on the d (did not) view the body after death. Attending Phys. Attending Phys. Attending Phys. Attending Phys. Attending Phys. 23D. ADDRESS 1514 Division Street Balto., Maryland
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC While At Work 22. I certify that (I) (this hospital) attended the deceased that (I) (we) last sow the deceased alive on April 2 and haur and from the causes stated above. (I) (We) (did) (23A. SIGNATURE Lugma J. Fauf. M. D. 23C. PHYSICIAN'S J. NAME (Type)	CURRED Not While At Work from April 23, 1969 to April 24, 1969 24, 1969 and that In(my) (our) opinion death accurred an the d (did not) view the body after death. Attending Phys. Attending Phys. Attending Phys. 23D. ADDRESS 1514 Division Street Balto., Maryland TERY or CREMATORY 24D. LOCAJION (City, town, or county) (Stolet)
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC While At Work 22. I certify that (I) (this hospital) attended the deceased that (I) (we) last sow the deceased alive on April 2 and haur and from the causes stated above. (I) (We) (did) (23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typo) VIRCIMIA V-FAUSTO M.D. 4A. BURIAL CREMATION, 24B. BATE 24C. NAME of CEMET	CURRED Not While At Work from April 23, 1969 to April 24, 1969 24, 1969 and that In(my) (our) opinion death accurred on the d (did not) view the body after death. Attending Phys. Attending Phys. Attending Phys. Attending Phys. Attending Phys. 23D. ADDRESS 1514 Division Street Balto., Maryland
DEATH (notify medical examined) 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC While At Work (APPROX.) 22. I certify that (I) (this hospital) attended the deceased that (I) (we) last sow the deceased alive on April 2 and haur and from the causes stated above. (I) (We) (did) (23A. SIGNATURE 23A. SIGNATURE 4A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) VIR GIMIA CREMATION 24R. MATE	CURRED Not While At Work from April 23, 1969 to April 24, 1969 24, 1969 and that In(my) (our) opinion death accurred an the d (did not) view the body after death. Attending Phys. Attending Phys. Attending Phys. 23D. ADDRESS 1514 Division Street Balto., Maryland TERY or CREMATORY 24D. LOCAJION (City, town, or county) (Stolet)



4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YESX NO If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12, CITIZEN OF WHAT COUNTRY? USA Proper ADDRESS Carl H. Moulton-4011 Belle Avenue #7 BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct tocotion) and that in (my) (out) apinion death accurred an the date 238, DATE SIGNED (City, town, or county) Baltimore, Maryland **ADDRESS** VS 150-REV. 1/1/68

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Lira , al. .

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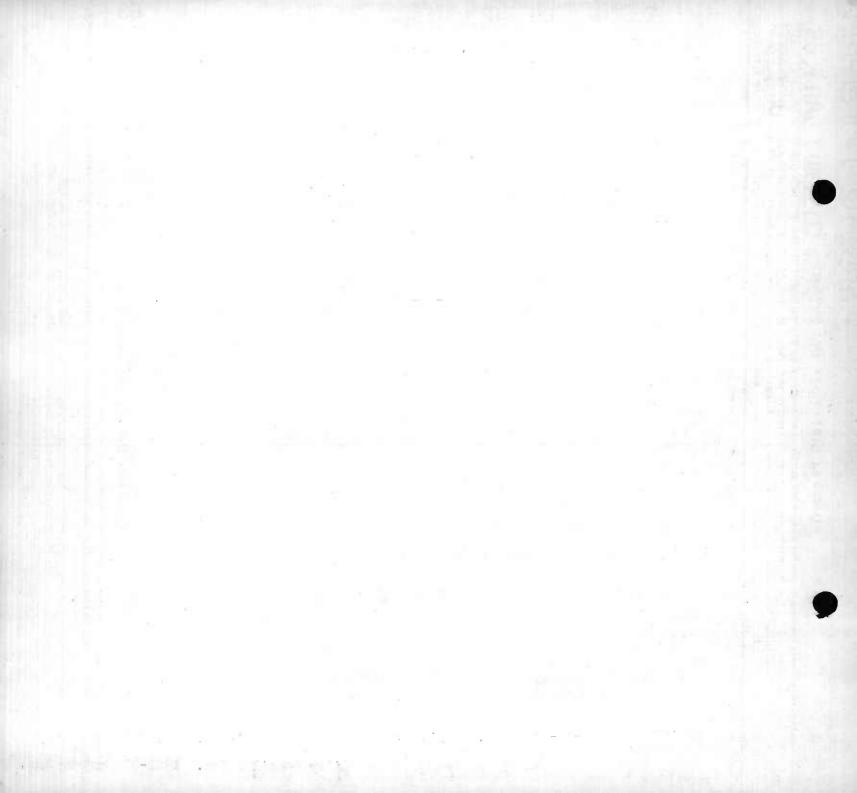
BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/6B

IMPORTANT

DIRECTOR:

FUNERAL



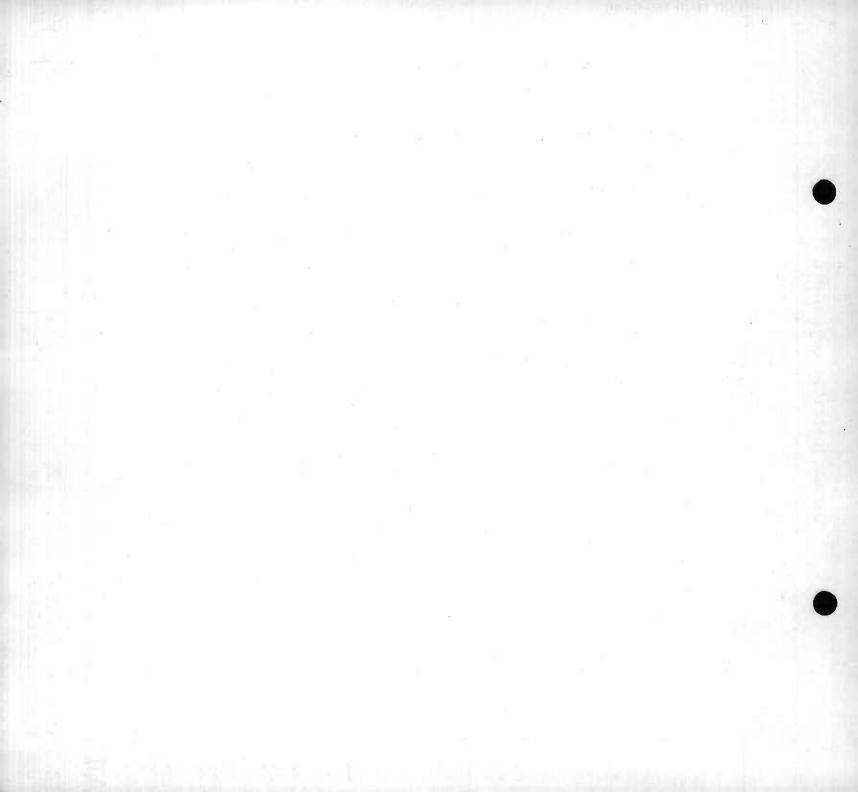
DIRTH NO	69	A SKILS	Y HEALTH DEPARTMENT	69 4293
M.E. CASE NO.	00	CERTIFICA	TE OF DEATH Registered No.	
1. NAME OF DE (Type or Print)	RALI		April 25, 1969	
FULL NAME	OF (If not in hospital	or institution, give street	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY Maryland	filution: residence before admission
HOSPITAL OR	332 S. Lehigh	n)	C. CITY OR TOWN (It outside city limits, write R Baltimore	URAL and give township)
00		. 501000	D. STREET ADDRESS (If rural, give location) 332 S. Lehigh Street	
Male	White	7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	April 30, 1888 9. AGE (In years lost birthdoy) 80	If Under 1 Yr. If Under 24 H. Months Doys Hours Mrn.
done during most o	CUPATION (Give kind of work f working life, even if retired) C	Boiler Maker	11. BIRTHPLACE (Stote or foreign country) Manchester, Pennsylvania	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	John Wei		14. MOTHER'S MAIDEN NAME	
15. Wos Deceose (Yes, no or unknow Yes	d Ever in U. S. Armed Formal (If yes, give wor or dote 9-25-17 5-2	s of service) SECURITY NO.	17. INFORMANT Mrs. Anna Kellner 332 S.	Address Lehigh Street
18.410	0,94185	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
/ DISE A	SE OR CONDITION DIR	A)	ende - Itandon	
	not meen the mode of	dying, e.g., DUE TO	my Howbon	*** 0 *** 0 *** 0 *** 0 ***
injury or co	, osthenio, etc. It meons mplicotion which coused	the disease, death.)	110001	
	ANTECEDENT CAUSES	(B)(B)	of Jal C- Value	idades es es b>
	OR CONDITIONS, if		0.4	
	G CONDITION lost.	stoting the (C)	mety.	
O TO E RETITO		Co	of out the end	
E TO THE D	IFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT	TED TO THE		
		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
_ OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21B. PLACE OF INJURY (e.g., in home, form, toctory, street, of etc.)	n or obout 21C. WHERE DID (If in Boltimore liftice bldg., INJURY OCCUR?	City, give exact location)
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)		While At Work Not While At Work	e	
22. 1 certify	that (1) (this hasnital) attended the deceased fram	4/1-1 1969 to	1/24 .56
) lost sow the decease		1.0	19./
		ed obove. (I) (We) (did) (did not) v	19 69 and that in (my) (our) opin	ion deoth occurred an the d
23A. SIGNAT		ed obove. (1) (we) (did) (did not) v		23B. DATE SIGNED
	1 1	M.D. Atte	ending Med. Stoff	11 211
23 C. PHYSICIA	ANS COT	Phy Phy	s. Director Phys. 23D. ADDRESS	4/28/69
NAME (Type)	4	0 5 11 10 6 6	, ,
4A. BURIAL CRE		24C. NAME OF CEMETERY OF CRE	9 3. Highling on	
REMOVAL	(Specify)			, town, or county) (Stote)
Burial	4-29-19	7		
DA. DATE REC'E	BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901	-07 Eastern Ave.
/S 150-REV. 1/1/	65		4 6 9 9	

Jan 1894 . . . Part of the second of the seco

5/6/69 - Correction form from funeral director.

Sucho

00		HEALTH DEPARTMENT		
69 4 BIRTH NO.	1295 CERTIFICA	TE OF DEATH	REG. NO.	4295
NAME OF DECEASED Type or Print) BELLE V.	WEAVER	APRIL	24. 1969	720 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE I	RONOUNCED DEAD	4. USUAL RESIDENCE (Where dec	ceosed lived. If institution:	residence before admission
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MD BAG	LTO . CITY	TY 15-0,
Maryland General	Hospital	E. STREET AND NUMBER	YES T	No 🗆
48		3010 or 3101	CHELSER	7 TERR
F A/	RRIED NEVER MARRIED DIVORCED DIVORCED		SE (In years If Und Month:	der 1 Yr. If Under 24 Hi s Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, K) done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	MARY AND	ountry) 12. Cl	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	II - A DE TOTAL DE TOTAL DE TOTAL DE TOTAL DE TOTAL DE TOTAL DE TOTAL DE TOTAL DE TOTAL DE TOTAL DE TOTAL DE T	
Isaac MATTHEWS	5	C45518		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown) (If yes, give war or dates of se	1 6. SOCIAL	17. INFORMANT	3010	ADDRESS
No	216-09-9331	Janice Wear	er	
18.599.0 4250.9	CAUSE OF DEAT			BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Sept	icemia		36 40 MB
(This does not mean the made of dying		A CONSEQUENCE OF :		
heart failure, asthenia, etc. It means the di injury ar camplication which caused death.		- 15/	n 1.	
ANTECEDENT CAUSES	Urin	ary Tract Inf	ection	
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) statin	g lhe (C)			
ll ll	0	(6) ₂		(1) 16 days
OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING LAW IN	e. Diabetes M	ellitue	(2) Venus
OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING				e seurs
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION		B. IF YES, WERE FINDING CERTIFYING CAUSES OF	
© 21A. ACCIDENT WAS UNDERLYING □	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Boltimore City, g	ive exact facation)
OR CONTRIBUTING CAUSE OF	home, farm, factory, street, a	ffice bldg., INJURY OCCUR?	(ii iii ooniiioto ciiy, g	TV CROCI IOCOITON;
21D.TIME (Month) (Doyl (Year) (Hou	7) 21E, INJURY OCCURRED	21F. HOW DID INJURY	0.001183	
OF INJURY (APPROX.)	While At Not Whi	le 🦳	OCCOK:	
	Work L At Work	1 20	19 A	124 /
22. I certify that (I) (this hospital) atte	1100	1pr1 20 19	0/10 ///	19 0/
that (I) (we))last saw the deceased aliv	20	,	(aur) aplnian de	ath occurred an the d
and hour and from the causes stated ob	ave. (1) (We) (did) (did nat)	view the body after death.		
23A. SIGNATURE	Au	andian C Mad C State	_/	ATE SIGNED
Ching ffui	Sai m page Phy	· · · · · · · · · · · · · · · · · · ·	M 4/3	24/69
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Ching-Hui	ISAI H. DOFGREE			
AA. BURIAL CREMATION, 208. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCAT		
BURIAL 4-28-69	MT. AUBL	IRN BAL	TIMORE, M	ARYLAND
	IAME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS
150 28 1969 MY	2. 6: 89 Al Dumar	CHARRESTA. B	Pices telel	D. BARRE.
\$ 150-REV. 1/1/68		THE THE PARTY OF T	J. J. G. G. L.	w. prese



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

KON

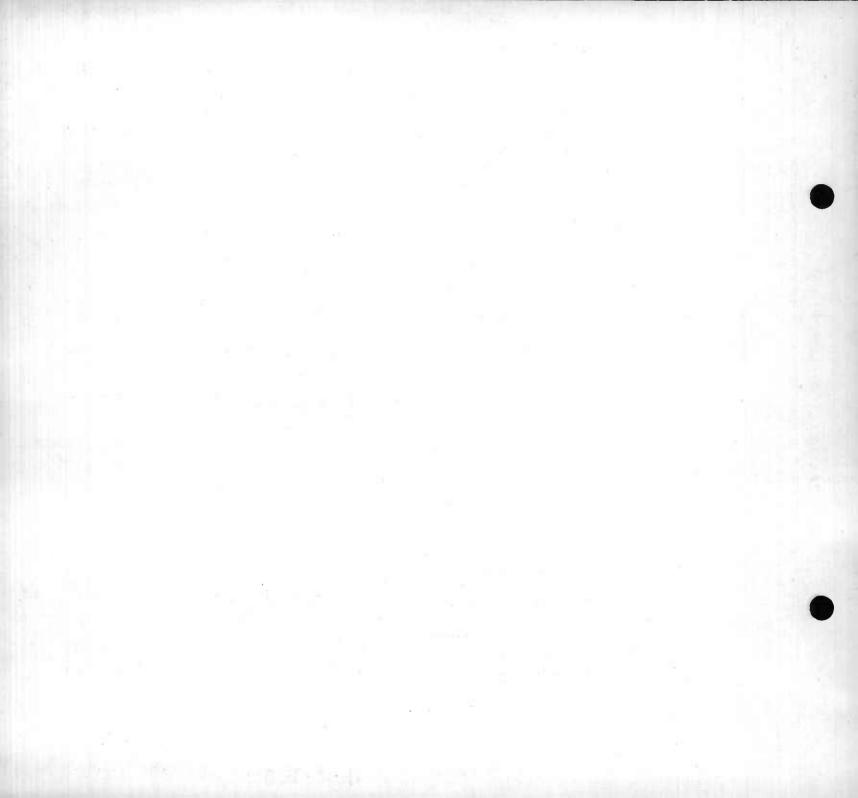
If Under 24 Hrs. Haurs Min. Haurs

USA

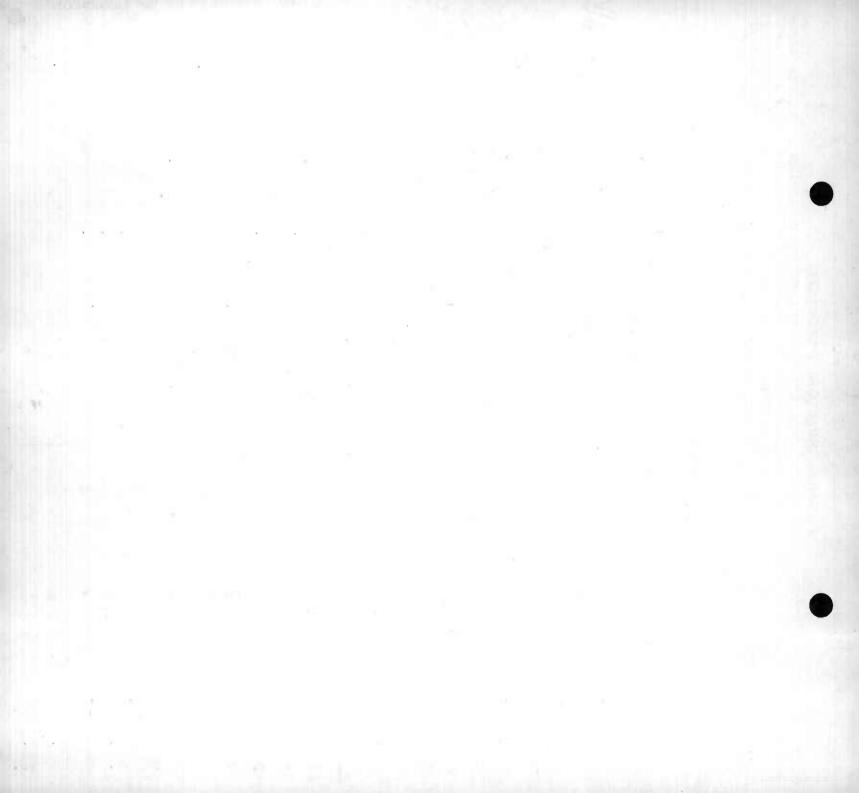
ADDRESS

Ridaley

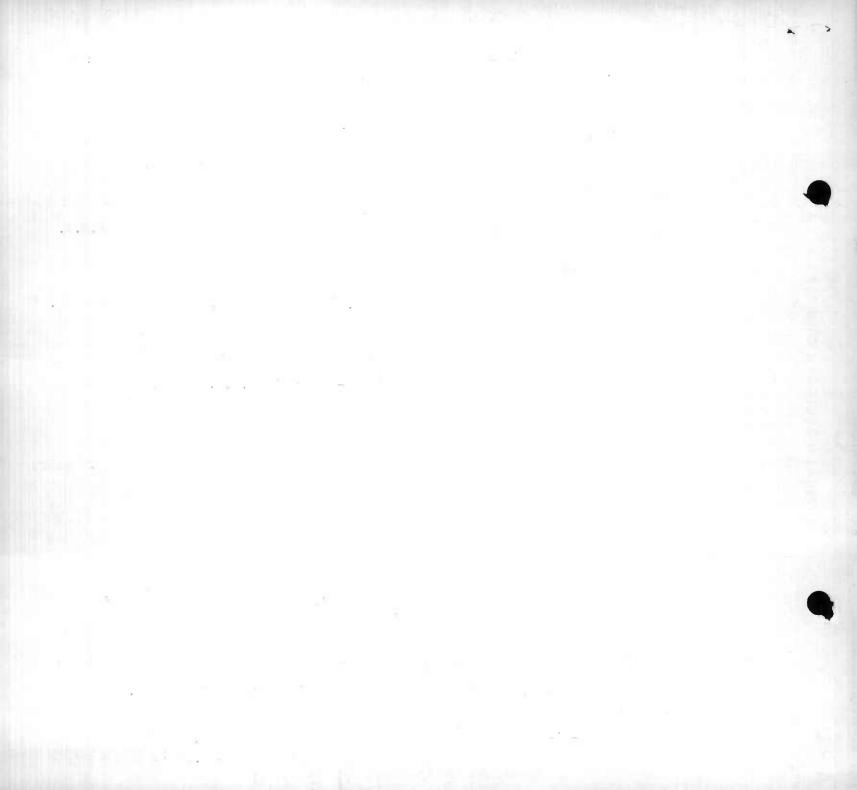
Baltimore Maryland



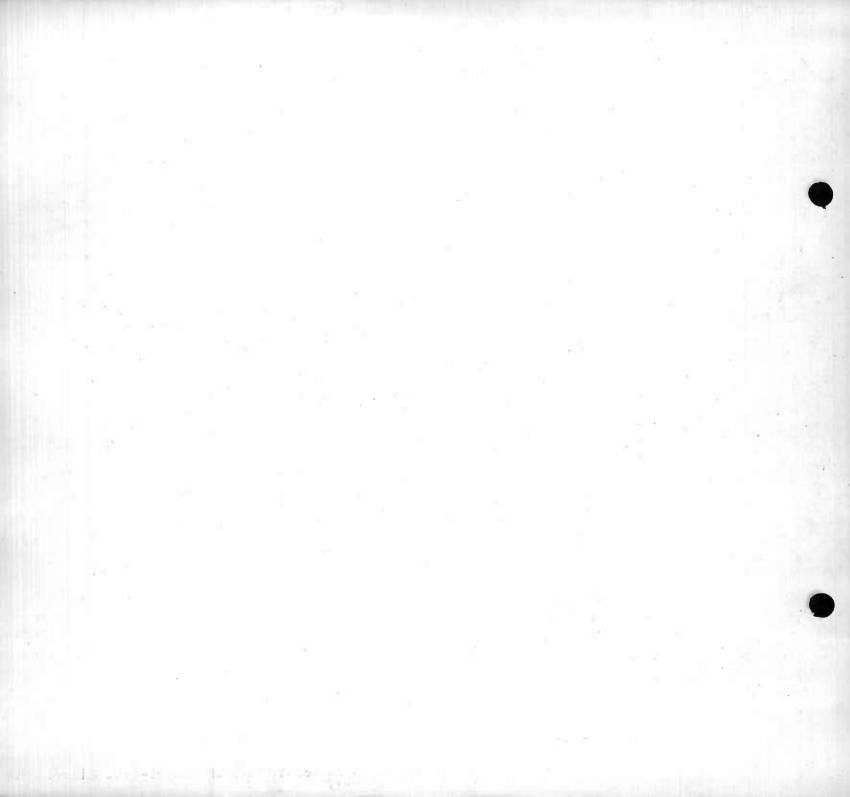
VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

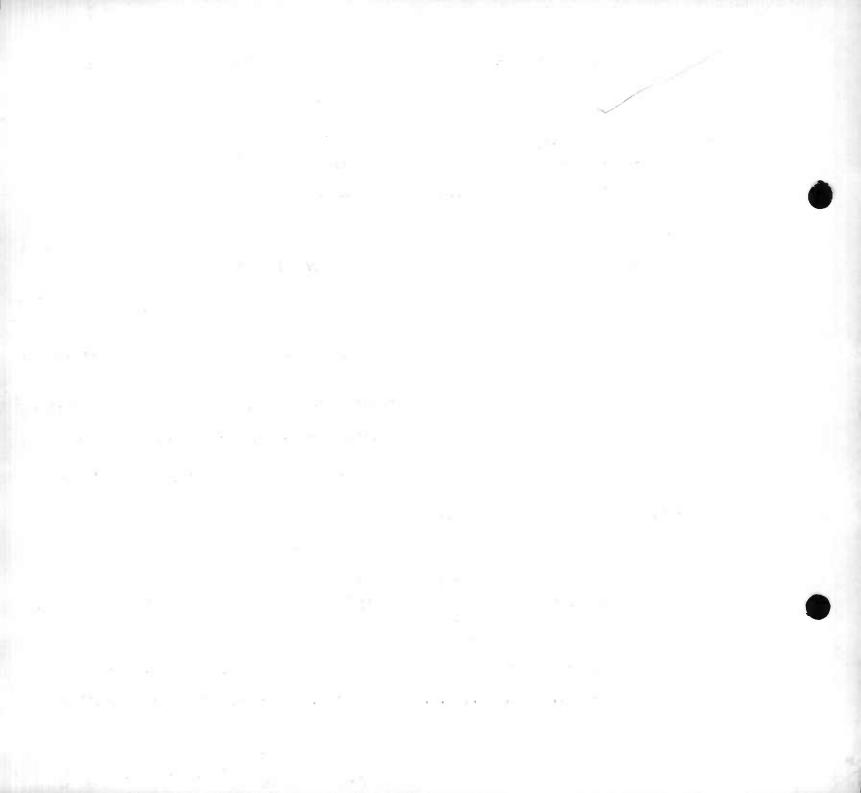


VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

2	69 / 2111	ATE OF DEATH REG. NO. 69	4300
-11	I.NAME OF DECEASED Trene Sellman	2. DATE AND HOUR OF DEATH	8:20 PM
-	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution:	8.4
I	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 9,9 C	52-00
-		EDGEWATER D. INSIDE CITY	_
4	The Johns Hopkins Hospital	E. STREET AND NUMBER	, NO A
	Baltimore, Maryland	RT 4 Box 700	
	FEMALE NEGRO WIDOWED SE DIVORCED	1-9-24 [lost birthdoy] 45 Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLA CE (Stole of foreign country) 12. CI)	IZEN OF WHAT COUNTRYS
Ĭ	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	JOSEPH CALLR	MARY WILSON	
1	5. Wos Deceased Ser in U. S. Armed Farces? fes.no or unknown) (11 yes, give war at dotes of service) 16. SOCIAL SECURITY NO.	Richard Melk Filas	ADDRESS M
	18. 174 X I CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		BEI MEEN ONSEL AND DEATH
ľ	This does not mean the mode of dving. e.g. (A) IMMEDIATE CA	USE Respiratory arrest A CONSEQUENCE OF:	15 minutes
ı	heart lailure, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:	
	ANTECEDENT CAUSES B: 1	aral plaumal affuniana	6
ı	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	eral pleural effusions A CONSEQUENCE OF:	6 months
	inse in the above cause (A) sigling the	tatic carcinoma of the breast	2 years
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	CIDISEASE OR CONDITION GIVEN IN PART 1 (A)	ral metastases from carcinoma	1 year
	none WAS PERFORMED XXXX	YES 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., hame, farm, factory, street, of the place of the p	in at about 21 C. WHERE DID (II In Baltimare City, give including the bidg., INJURY OCCUR?	e exoct lacotion)
	21D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While As The Manth of th	21F. HOW DID INJURY OCCUR?	
ŀ	(APPROX.) XXX While AXXX Not Whi	le ⊠x xxx	
ı	22. I certify that (I) (MESCHECKINGE) attended the deceosed from		19 69
	that (I) (4) lost sow the deceased alive on 4/24/	19.69 ond that in (my) (NOX) opinion dea	
	ond hour ond from the couses stated obove. (I) (#%) (did) (d		
	Storge V. Lack - M.D. Ath	Med. T Shell with the Med.	E SIGNED
	GEOREE)	23D. ADDRESS 601 N. Broadway, Baltimore, M	ld. 21205
2	4A. BURIAL CREMATION. 24B. DATE 24C, NAME of CEMETERY OF CRI		
2	13 mal 430.69 (newsmen)	onal Owensville	Md.
	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR WILDER SON BOOSE STANDARD	ADDRESS (



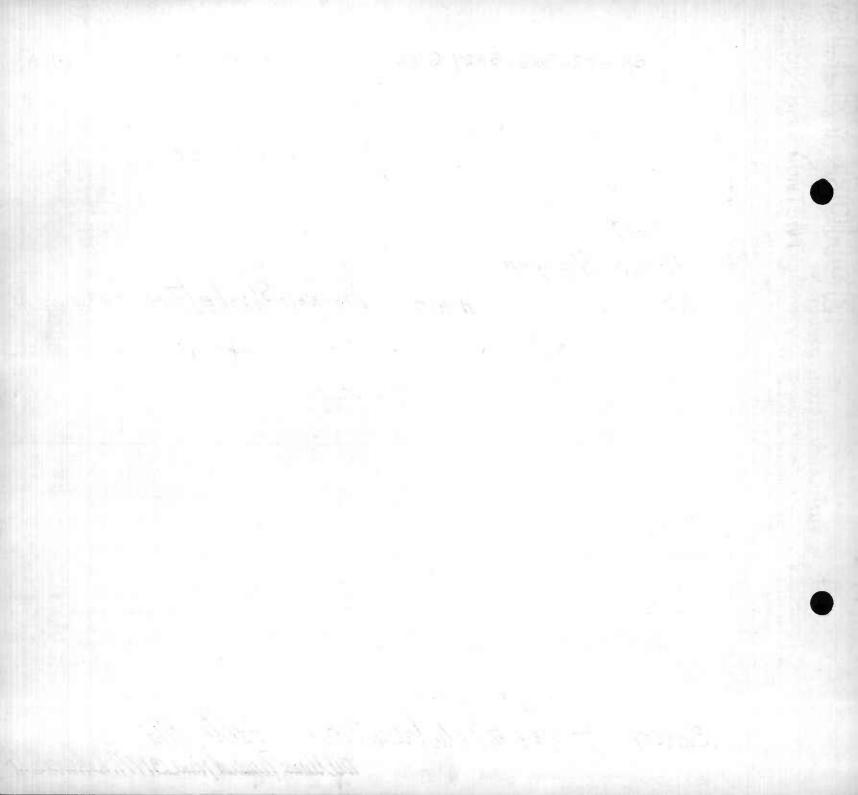
VS 151-REV. 1/1/68

CO	4	9	1	4
69	4	C	1	

BIRTH NO	MED	ICAL EXAMINER 3	CKIIFI	CATE OF	DEATE	REG. NO.	- 1		
I. NAME OF DEC	TEASED	***************************************	2. DATE	Known 🗆	Month	Day	Yeor	Hour	
(Type or Print)		TAT	OF	Estimated		0= -	969	6:35	D
4 PLACE IN BAL	RUFUS HERI	HERE PRONOUNCED DEAD	DEATH 3. DATE	Estimoted E	April	25, 19	Yeor	Hour	Р. м.
FULL NAME OF				JNCED DEAD					
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET TION)	5 LICUAL D	CIDENCE (M	April		969	6:35	P. M.
	S HOPKINS HOS	SPLAAL	A. STATE	Maryland		B. COUNTY	n: residence of	- O	2
6. SEX	7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	ITY LIMITS?		
Male	Negro	WIDOWED DIVORCED	Balt	imore		Y	ES 🔀 N	10 🗆	
9. DATE OF BIRT	H 10. AGE (In lost birthdo	Months, Doys, Hours, Min.		N. Collin	gton A	venue			
Leiders	ille. n. (12. CITIZEN OF	13 FATHER	lliam	$i \propto$	Her	bin		
done durino desta	JPATION (Give kind of work working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHE	MAIDEN NAM	1	Her	bin		
16. WAS DECEAS	ED EVER IN U.S. ARMED (If yes, give wor or dotes	of service) 17. SOCIAL SECURITY NO. 212-14-9952	18. INFORM	1 Derbin	1-170		DDRESS	ton	ave
19.	2 1 day	CAUSE OF DEA	TH	1				EN ONSET	
DISEAS	E OR CONDITION DIRE	Arterio	sclerot	ic cardiov	ascula	r disea			
	LEADING TO DEATH		CALISE						
heort foilure	not mean the made of dy e, asthenia, etc. It means the mplication which coused dec	diseose,	AS A CONSEC	UEN CE OF:					
				111					
DISEASES IN THE	NTECEDENT CAUSES OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA NG CONDITION LAST.	TING THE	AS A CONSE	QUENCE OF:	*********				
Z	NO CONDINON LASI.	(C)							
O THE DE	II VIFICANT CONDITIONS CO ATH BUT NOT RELATED TO	THE TERMINAL							
DISEASE OF	CONDITION GIVEN IN P		AC DEDECORA				21. AUTOF	CVO /Voc	os No
DAIE OF	F OPERATION 208. COI	NDITION FOR WHICH OPERATION W	AS PERFORM	IED			nc		01 140)
UNDERIVING	NAL CAUSE WAS	22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	, in or obout 2 ce bldg., etc.)	2C. WHERE DID (I	lf in Boltimore	e City, give ex			
UTING CA	(Month) (Doy) (Yeo	r) (Hour) 22E, INJURY OCCURRED		2F. HOW DID INJ	IIIPV OCCII	D2			
OF INJURY (APPROX.)	(Monit) (Doy) (160	WHILE AT NO	T WHILE		OKI OCCO	K 1			
23. 1 cert	tify that I held on I	nquiry Inspection XX A	utopsy 🗌	ond that on th	is bosis,	deoth in my	opinion		
resul	ted from: Natural cou	ses Accident Suici				ed monner			
ACTUAL	· X hald	11/2 11		CHIEF MEDICAL E				DATE SIG	NED
SIGNAT		MICCOURT M.	J.	CIATE MEDICAL E			4/25/	69	
NAME (N. Kornblum.M.D.							100
24A. BURIAL CRE REMOVAL (Spec	MATION, 24B. DATE	24C NAME of CEMETERY	or CREMATO	PRY 240.1	EGCATION	City law	n, or county)	7. 6	gte)
25A. DATE REC'O	BY HEALTH DEPT	258. NAME OF REGISTRAR	25C.	EUNERAL PIRECTO	OR (5	ADDRESS)	2
798	W WA INDO	Cresto E. Jankey MA		11146	100 8	00000	11-11	ins	1/4

414/1911 58 18.0 William Dellin Otomorale oblivery The It was made seemed the things of the Budish 4/30/00 Beck Shore Budgarlle, 7. C.

111	69 4302 BALTIMORE CITY HEALTH DEPARTMENT BEGIND 69 4302
Such Such Such Such Such Such Such Such	CERTIFICATE OF DEATH
	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
(T	ype or Print) SHACKELFORD, BABY GIRL 4-22-69 1:10 A M.
3	PLACE IN RALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
	13-02
H	IOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	No I Daltimore The Baltimore YES P NO [
	Sinai (tospectal of Dal) (Mas) = . STREET AND NUMBER
6	42) 808 Reservoir St.
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthday) Hours Min.
	F N WIDOWED DIVORCED 4-20-69
	DA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
d	one during most of working life, even if retired) Mary land U.S. A.
1;	1 Mary land U.S. A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Frank Hornber Darnell Shackelford
11	5. Was Deceased Ever in U. S. Armed Porces? 16. SOCIAL 17. INFORMANT ADDRESS
()	(es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
_	A ONE LETNOT- TENTO SOS KLISWUR ST
	BETWEEN ONSET AND DEATH
	LEADING TO DEATH
	(A) IMMEDIATE CAUSE TO THE Mode of dying, e.g., (A) IMMEDIATE CAUSE TO THE MODE OF THE MO
	heart failure, osthenia, etc. It means the diseose, injury or complication which caused deoth.)
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
	tise to the above cause (A) stating the
	UNDERLYING CONDITION last. (C)
:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
i	TO THE RESIGNIFICANT CONDITION CONTINUOUS CO
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
i	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
1	OP CONTRIBITIONS OF A STATE OF THE PLACE OF INJURY (E.g., in or obout 21 C. WHERE DID (If in bollimore City, give exact location)
1	DEATH (notify medical examiner) etc.)
	Q 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) White At Not White At Work
	22. I certify that (I) (this haspital) attended the deceased fram
	and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
	DEGREE
	23C. PHYSICIAN'S NAME (Type)
1	JOHNAY EUFEMIO, M.D. OEGREE Sinai Hospital of Ballinne
12	24A. BURIAL CREMATION, 24B. DATE 24C. NAME 61 CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	B. Wint 406/69 11/1 / 1/1 / 1/1/1/1/1/1/1/1/1/1/1/1/1
1	25A. DATE REC'D BY HEALTH/DEPT. 25B. NAME OF REGISTRAR 25C. PUNERAL DIRECTOR
	APR 23 1969 O P. S. Z. Farma Milliams Yeurla Ham 3/97/2 Seprocher St
IL	/S 150-REV, 1/1/6B



	00	100	BALTIMORE CITY	HEALTH DEP	ARTMENT		00	1000
BIRTH NO.	05	431	CERTIFICA	TE OF D	EATH	REG. NO	69	4503
I.NAME OF D	ECEASED					ND HOUR OF DEATH		
(Type or Printl	Dannettel, Mil	ton For	7					40.084
	ALTIMORE MARYLAND, V			4. USUAL RES	ADT'L	24, 1969 re deceased lived. If in	stitution residen	10:05AM
		· · · · · · · · · · · · · · · · · · ·	OHOLD DEAD	A. STATE	B. COUN	iTY	sinunon, lesiden	ice beloto damissioni
FULL NAME C	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryla	and		1	1-02
HOSPITAL OR	Veterans Admir	dion;	on Honnital	C. CITY OR TO	WN	D. INSI	DE CITY LIMITS	?
	2000 Look Barre	- Dlad	on nospitali	Baltin	nore		YES X	№ □
23	3900 Loch Rave			E. STREET AN	D NUMBER			
90	Baltimore, Mar	yland 2	1218	1150 8	Scott St			
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BI		9. AGE (In years	If Under 1 Yr	. If Under 24 Hrs.
Male	Ehite	WIDOWED		1/6/05		lost birthdoy)	Months Doys	Hours Min.
IOA. USUAL OC	CUPATION (Give kind of wor				E (Stote or fore	ion country!	12 CITIZEN C	OF WHAT COUNTRY
done during most	of working life, even if retired)			Maryla				
74	overnan	040	.R.R.				unite	d States
13. FATHER'S N				14. MOTHER'S	MAIDEN NA	ME		
Nicho	los Dannettel			Mary I	Geding			
5. Wos Doceos	ed Ever in U. S. Armod For wn) (If yes, give wer or dete	ces?	1 6. SOCIAL		_	- TT	-ADF	RESS
(Yes, no or unknow	(If yes, give wer or dete 12/12/42-2/1	s of service)	SECURITY NO.			s Hospital I		
169	12/12/42-2/1	3/40	705-03-69-91		Baltimo	re, Maryland	1 21218	
18. 16	2,/ 1		CAUSE OF DEAT	1				ROXIMATE INTERVAL EN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY					102.442	EN ONSET AND DEATH
4-11	LEADING TO DEATH		(A) IMMEDIATE CAU	SE Carcin	noma of	lung with	13	months
heort failure	nal meon the mode of e, asthenio, etc. Il means	dying, e.g.,	DILETO OR AS	A CONSEQUENC		ltiple metas	tasis	
injury at co	amplication which caused	deoth.)						
	ANTECEDENT CAUSES						1-	
DISEASES	OR CONDITIONS, if	anv. aivina	(B)	A CONSEQUEN	CE OF:			
rise lo	the abave cause (A)	slaling the	2 - 0 , 0 , 0 , 1 , 10	. Condiquen	0.011			
UNDERLYII	NG CONDITION last.		(C)		**************	**********************		
_	11				-			
OTHER SIGN TO THE DE	IFICANT CONDITIONS CO	NTRIBUTING					1	
	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL	****************		***************************************			
19A. DATE O	OF OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOP	SY? (Yos or No	208, IF YES, WERE F	INDINGS CON	SIDERED
	WAY? LEK	OKIVIED		Y	es	IN CERTIFIING CAL	ISES OF DEATH	" Yes
U 21A. ACCID	ENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., in	or obout 21 C. V	VHERE DID	(II In Boltimore	City, give exec	t location)
▼ IDEATH (noti	ify medical examiner	elc.)	e, form, foctory, street, of	ice olage INJUK	T OCCUR!			
21D-TIME	(Month) (Doyl (Year)	(Hour) 21 E	INJURY OCCURRED	215 6	LNI DID WO			
S OF INJURE	trionin tooyi troon		ile At Not While		OW DID INJ	URT OCCUR?		
(APPROXI		Wor	k At Work					
22. I certil	y that (故 (this hospital) attended th	ne deceased from Fe	bruary 2	6. 1	19 69 to Apr	11.2/	19 69
	e) last saw the decease							
					- did iii	at in Kay) (our) opin	non death oc	corred on the date
23A. SIGNA	nd from the causes stat	ed above. ()	(He) (ald) (glar hat) v	ew the body	after death.			
237. 31014	OKE		A.W.			c	238, DATE SIG	NED
		1	DEGREE Phys	ding A	Aed. Director	Staff Phys.	April 2	25, 1969
23C. PHYSIC NAME	IAN'S (Type)	-11/	To X	3D. ADDRESS				
14014/6	ľ	MO E OT	WILLIAM D	Veterana	Admini	stration Hos	n. Rela	to Ma
24A. BURIAL CI	REMATION 248, DATE			MATORY				
REMOVAL	(Specify)	10	1 VI CENTERED OF CRE	A	240, 10	OCATION (City	, lown, or cour	ty) (Stote)
Buren	ex 4 128/	69 W	estern lace	nuterry	R	2 Dagarere	red	
25A. DATE REC	D BY HEALTH DEPT.	258. NAME O	F REGISTRAR	25C. FUNER	AL DIRECTOR	1	Al	DDBESS / JA
	APR 28 1969	100 c	So Es Stable 143	1/2	ohye Tri	Covandor	1 Dic.	Lafor.
VS 150-REV, 1/1				11/	1	<u> </u>		THE WAY

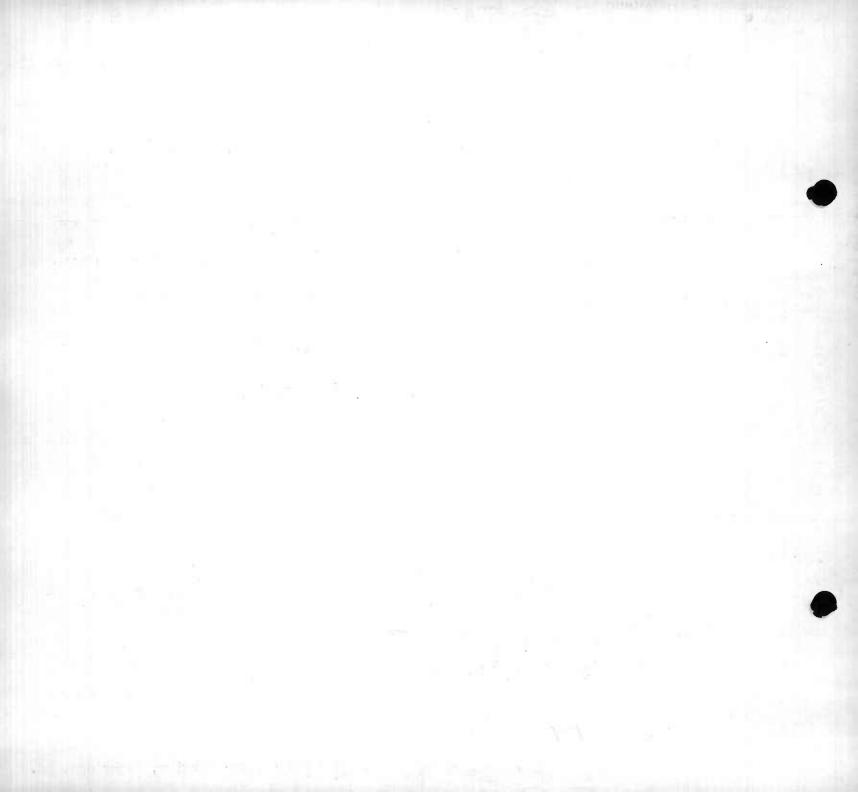
AT PLANE E IN COLUMN TO SERVICE · · · 100 013

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



W	-450	1	69 4305 BALTIMORE CITY HEALTH DEPARTMENT
	5+6+4 5+6+4		CERTIFICATE OF DEATH REG. NO. 69 4305
	al and death ceased on the	1. (T ₁	NAME OF DECEASED (pe or Print) Williams MARY Ida 2 DATE AND HOUR OF DEATH 4-25-69 500 M.
	of of Dec ce o	3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission)
	hos Se (5) de de	FUH	SIL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) G. CITY OR TOWN D. INSIDE CITY LIMITS?
	d in cau	,<	Sinai Hospital. Reisterstown. YES NO X E. STREET AND NUMBER 20 SACRED HEART LANE
	F 3 0 B B	5.	CPV / COLOR
	th occurre contribut etermined n regular pecased p	100	1- NEGRO WIDOWED DIVORCED 7-16-22 Idst Dirthdoy) Months Doys Hours Min.
		do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	dea Und as i		Domestic house work MD. U.S.A.
	if dect (4) Urwas was the sposi	13.	FATHER'S NAME
Ä	다 하나는 다 한	15	EARL CLArence Whye Lillian Margaret Jackson Was Decessed Ever In U. S. Armed Forces? s,na or unknown) Of yes, give wor or doles of servicel SECURITY NO. 16. SOCIAL SECURITY NO. 20 Sacred Heart Law 20 Sacred Heart Law 214-36-7968 Oben S. Williams Reisters town, Und. 18. CAUSE OF DEATH
A		(Ye	Was Deceased Ever In U. S. Armed Farces? s,na or unknown) Of yes, give wer ar doles of servicel SECURITY NO. 17. INFORMANT 20. Samuel Farces? ADDRESS Heart LAU
2	N 4- C:-	L	No 214-36-7968 Olden S. Williams Reisterstown und
0	D # 5 9 9 5	П	THE RESIDENCE HEALTH AND
IMPORTAN	E 0 4 E 5 B		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
=	Als Als and me		(This does not mean the mode of duine an (A)IMMEDIATE CAUSE CEREBRA! VASCULAR HICIATERY
ä	miner or fracture to prono gular at embalm		injury or complication which caused death.)
DIRECTOR:	fra fra em		ANTECEDENT CAUSES (B) Hypertension (malignant)
S S	exam exam (3) A fr n who in reg		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: ise la line abave cause (A) stating the
<u>K</u>	ical estal sins; (3)		UNDERLYING CONDITION last (C)
	Dibris > E	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA	me y by ph) ph)	ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNERAL	by the chief moital by a merre; (2) Body by where the phy No physician I before the re	CERTIFIC	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 204 AUTOPSYT (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	traiby fraiby e; (2) B here t No phy before		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) 10 10 10 10 10 10 10 1
	hospital hospital nature; ept when d (6) No	MEDICAL	DEATH (notify medical examined) etc.)
	_ K > C &	MED	21D-TIME IMonth) IDoy) (Yeot) (Haud) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	0 0 0 = 5		(APPROX.) While At While At Work At Work
			22. I certify that (I) (this hospital) attended the deceased from 4/23 19 62 to 4/25 1962
	to to of a of a of (h);		that (1) (we) last sow the deceased alive on 4/25 1967 and that in (my) (our) opinion death occurred on the date
	b tig ts		and hour and from the couses stated obave. (1) (We) (did nat) view the bady ofter death.
	30.25		23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff St
	0 - 2 - >		23C-PHYSICIAN'S Phys. Director Phys. 7-73 6
	certificate m sody was rel s: (1) An acc D.O.A. at a l ased prior to		NAME (Type) FELDMAN MD 23. ADDRESS
	A D B	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	This certif the body shows: (1) was D.O./ deceased written a		Burial 4/28/69 ST. Lukes Ch. Cem. Keisterstown, Mary land
	This ce the boc shows: was D. deceas	25A	ADDRESS ADDRESS
	- + u > 0 >	Vs	150-REV. 1/1/68 APR 28 1969 Que son Sanday At J. Schwart Owings Mills, Md.
		4.9	TOWNS IN IN THE SECOND

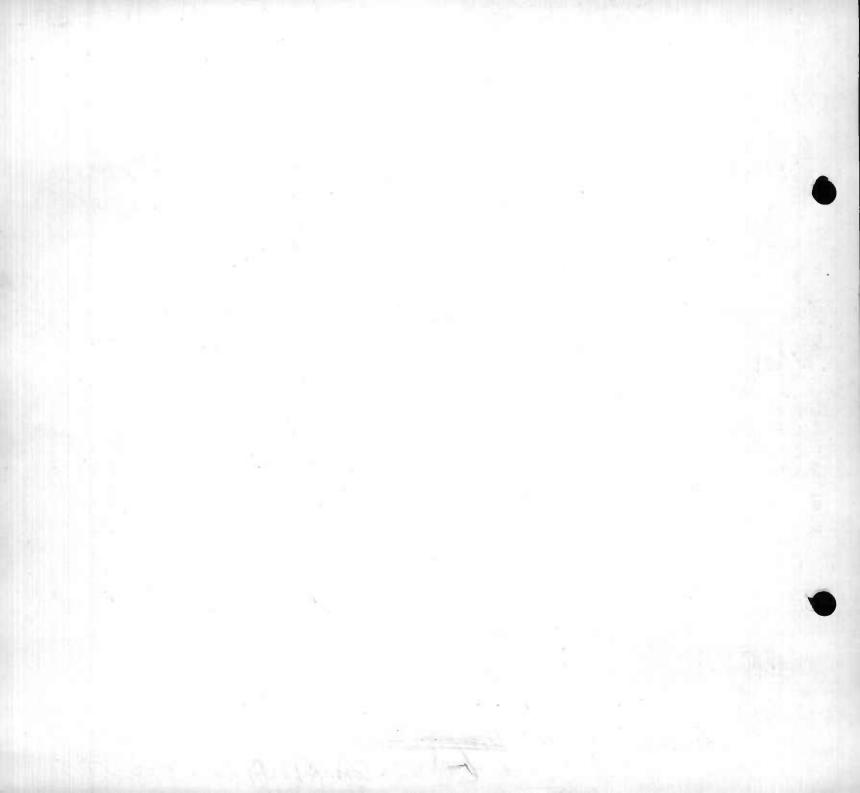




1000	BALTIMORE CITY HEALTH DEPARTMENT
9 4307	CERTIFICATE OF DEATH

REG. NO	69	4307
	., 0	36 00 00

BIRT	H NO.							
1. N. (Typ	e or Print)	Jack Sandie	ck		2. DATE AN Apri	1 25, 196	9	4:30 A.
3. P	LACE IN BAL	TIMORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: resid	ence before odmission)
						11	2	
FUL	L NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland	10 1010	2	-01
IN S	TITUTION	ADDRESS ON LOV			Ealtimore	D. INSI	IDE CITY LIMIT	
11	5						YES X	NO L
	Good	Samaritan :	Hospita	1	331 Ballou	Court 2	1202	
. S	EX	6. RACE	7. MADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. , If Under 24 Hrs.
	Male	Cauc.	WIDOWED		Mar. 15, 189	2 77	Months Do	oys Haurs Min.
				F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN	OF WHAT COUNTRY
	Shoemal	warking life, even if retired			Ujiknown		US	A
	FATHER'S NA				14. MOTHER'S MAIDEN NA	M.F.		
3. 1								
	Jack S	Sandick			Ellen Shu	The		ETA PICE
es	Was Deceased , no or unknown	Ever in U. S. Armed F (If yes, give wor or do	arces? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		AL	DDRESS
1	Jnknown	2		214569525	Hospital c	hart		
	18. //	/ / 1		CAUSE OF DEAT				APPROXIMATE INTERVAL
	DISEA	SE OR CONDITION D	DIRECTLY				l l l	WEEK ONSET AND DEATH
		LEADING TO DEATH	1	(A) IMMEDIATE CAL	Carcinoma o	f lung		2 months
NO	OTHER SIGNII	G CONDITION last.		Emphyse	ma, Benign p r	østatic h	ypertr	ophy l0yr
CATI	DISEASE OR C	TH BUT NOT RELATED TO CONDITION GIVEN IN PA OPERATION 198 CO	ART 1 (A).	,======	20A. AUTOPSY? (Yes or No			
RTIFIC	O DATE OF	WAS PI	ERFORMED	WHICH OPERATION	и9	IN CERTIFYING CA	USES OF DEA	ATH?
CAL CE	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exominer)	21 E hor etc	ne, form, factory, street, a	in or about 21 C. WHERE DID INJURY OCCUR?	(If in Baltima	re City, give e	xact lacotion)
MEDIC	21 D. TIME OF INJURY	(Manth) (Day) (Yea		hile At Nat Whi	21F. HOW DID INJ	URY OCCUR?		
	(APPROX.)		Wo	JIK /// // // // // // // // // // //				
	22. I certify	that M (this haspit	al) attended t	the deceased fram M	arch 7, 1969	19 to Apr	il 25,	19 69
	that to (we)	last saw the deceo	sed alive on.	April 25	19.69 and th	nat in (Ny) (our) api	inion deoth	occurred on the dot
				4	view the bady after death.			
	23A. SIGNATI		ored upove. §	a) (we) (ala) (ata mor)	view the budy utter deuth.		23B, DATE	SIGNED
	23A. SIGNATO	1.0000	46.	ΔH	ending Med.	Staff [1	
	VV	reball lot	on 1	M. DEGREE Phy	rs. Director L	Staff Phys.	april	1 25, 1969
	23C. PHYSICIA	AN'S	1		23D. ADDRESS			
		chael Colv	in. M.D		Good Samarit	an Hospit	al	
244	RIIDIAI COF	MATION 248 DATE		AME of CEMETERY OF ER			ity, town, ar a	caunty) (State)
No	REMOVAL	Specify) 4/11	169 11	00 44	I Shirt B	Alto	M	1 of.
25%	DATE RECT	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	R	1	ADDRESS
	A	EN DE 1300	alaliente.	El von Bans.	0 1/2 2000 00	1/	00 -	MICKET



NO C

Hours

U. S. A.

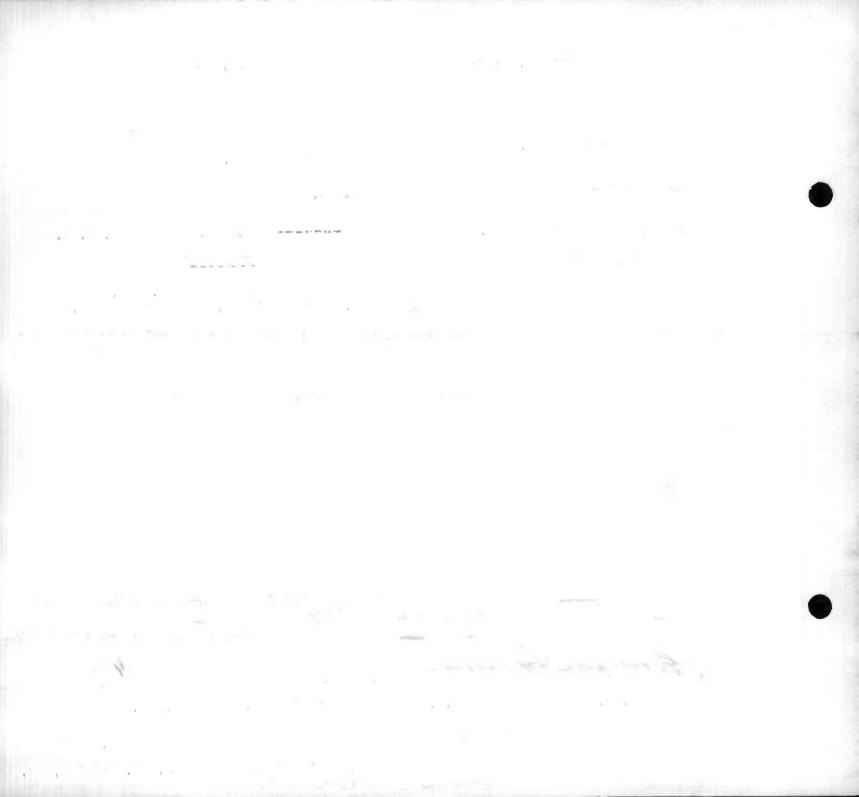
SETWEEN ONSET AND DEATH

CE ARS

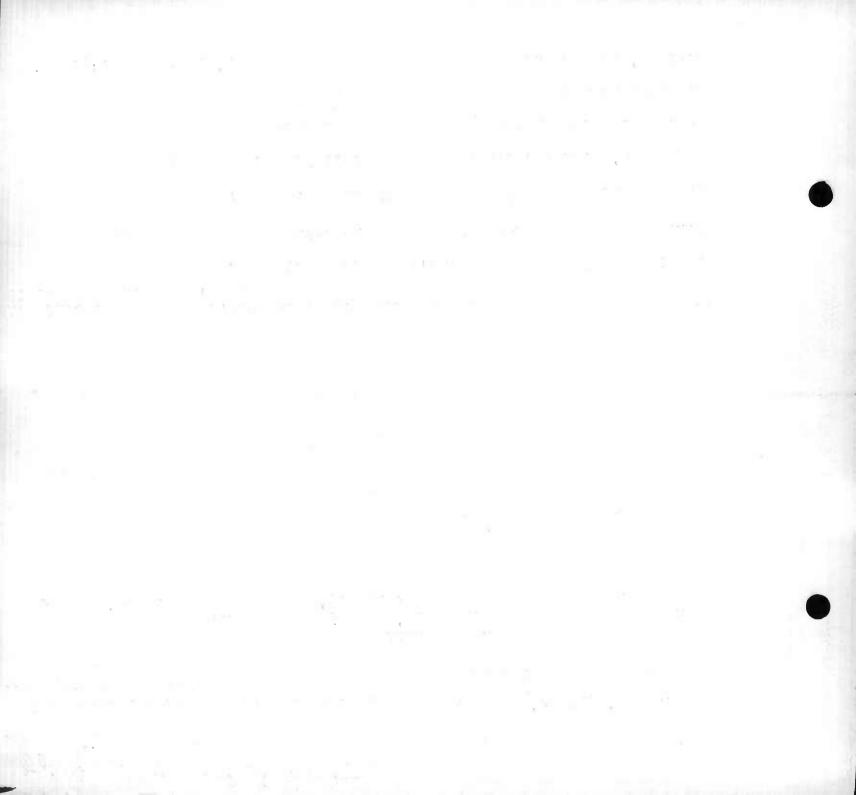
(Stole)

MdADDRESS

If Under 24 Hrs.



3-	1023	BALTIMORE C	TY HEALTH DEPARTMENT
and the same of	P+P e+	BIRTH NO. 69 4309 CERTIFIC	ATE OF DEATH REG. NO. 69 4309
	of death Occasse o on th	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	- 0 0 C -	"BURGESS, IONA MARGARET	APRIL 23, 1969 111:41 P.M.
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
	hospi use o (5) D ance deat	ST AGNES HOSPITAL FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ADDRESS OR LOCATION	MARYLAND 2.0-06
		HOSPITAL OR ADDRESS OF LOCATION WILKENS & CATON AVENUES	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	in a ng cause; cause; attend	WILKENS & CATON AVENUES	BALTIMORE YES NO
	0.= 4	BALTIMORE, MARYLAND 21229	E. STREET AND NUMBER
	7 3 9 P		3233 MCTEAGUE STREET
	occur ontrib ermin regul eased is ma	FEMALE NECES	[lost bithdoy] Months! Days : Hours : Min.
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	1 0 02 2 7
	det det	done during most of working life, even if fetfred)	
	dea t or Und as i	NURSE HOSPITAL	MARYLAND USA
	# 9 € ¥ ‡ q	CEODOE OLIMINE	14. MOTHER'S MAIDEN NAME
5	+ ·= ·=	JEW B	(GROOMS) LOUISE
AN	0 0 0 0	15. Wes Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT RECORD'S BALTIMORE MD 21229
ORT,	2 + 7 - 6 12	NO 220 28 81	ST ST AGNES HOSPITAL WILKENS & CATON AV
0	fany fany nced enda d or	18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMP	E 0 + E 6 B	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	PA 5 5 E	(This does not meen the made of dying e.g. (A) IMMEDIATE C	SACONSEQUENCE OF: ENCEPHAlopAThy 5 days
2	er. ctu ctu ctu	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	S A CONSEQUENCE OF:
OR	- E E - 2 F	ANTECEDENT CAUSES	17. 2012 2011 11 11 22.4
5	Xan Kam A f who reg	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	WremIA-Nighrotic syndrome > 2 weeks
R	S G S G S G S G S G S G S G S G S G S G	rise to the abave couse (A) stating the	8
	dical dical urns; /sicia was main	CONDITION last. (C)	
7	dicdic	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 1 51
RA	med wed y bu phy ian verer	TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A)	uptured Ectopic I week
FUNER	hied ody	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	U - 4 - > 0	E / Hor 69 Ruptured Ecto,	ic 127 1 UPE
14	tal by	Co CONTRIBUTION OF THE CON	in or obout 21 C. WHERE DID office bldg INJURY OCCUR? (If In Baltimore Lity, give exoct location)
		O Part House medical examines	
	hosp natur sept w d (6) ained	OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
		(APPROX.) While At Not Will At Work	
	the iny an an obt	22. I certify that (1) (this hospital) attended the deceased from AF	RIL 16, 19 69 to APRIL 23, 19 69
	0000	that (1) (we) last saw the deceased alive an APRIL 23,	19.69 and that In() (our) opinion death occurred on the date
		and hour and from the causes stated above, ()((We) (did) (dXd)(n)(t)	view the body after death.
	dent of death)	23A. SIGNATURE	23 B, DATE SIGNED
	J V C 0	Photos Photos	ending Med. Staff Phys. D 24 Am 69
	ot The Ov	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS BALTIMORE MARYLAND 21
	hificate my was rel (1) An acc 3.A. at a l d prior to	RALPH E. UPDIKE, MD	ST AGNES HOSPITAL WILKENS & CATON AVE
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
	e o s o e	Burial 4/28/69 Bushy Park Cem	etery Cookeswille, Howard Co., Maryland
	the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR
	ドマッタウター	1 APR 28 1969 10 0 ale to the Man	SHOW BUTTON TO THE KNELLY



24A. BURIAL CREMATION, REMOVAL (Specify) Burial

Such

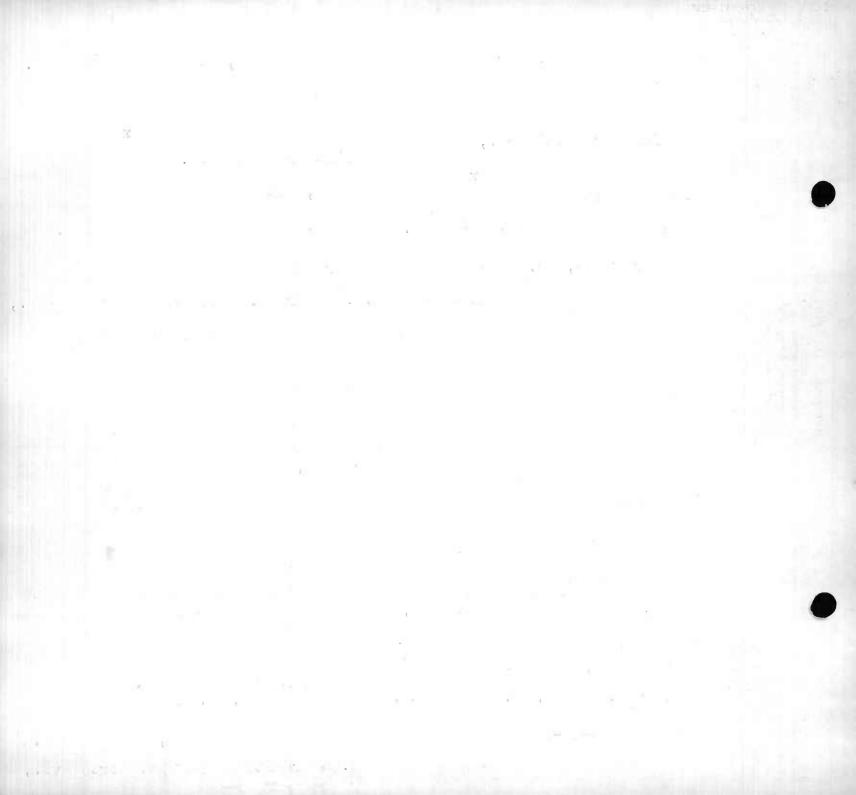
00 4010	BALTIMORE CITY	HEALTH DEPARTMENT		CO 4240
69 4310 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	69 4310
(Type or Print) Walter Henry		2. DATE AN	4,1969	4:30 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	deceased lived. If inst	itution: residence befare admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	, GIVE STREET	Maryland		28-33
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN		E CITY LIMITS?
5110 Fredwall Ave.,		Baltimore E. STREET AND NUMBER		YES NO NO
		5110 Fredwa		
5. SEX 6. RACE 7. MARRIED N WIDOWED WIDOWED	DIVORCED	June12,1914	54	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSI	HESS OR INDUSTRY	1. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTR
Office Manager H.D.Drey	er Co.	Md.		U. S. A.
3. FATHER'S NAME		4. MOTHER'S MAIDEN NAM	1E	
Henry Witz, Jr.		Cornelia Do	arr	
S. Was Deceased Ever in U. S. Armed Farces? 16. S		7. INFORMANT		ADDRESS
216	-03-1495H	A. Laura M.	Witz 5110	Fredwall Ave.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION tost.	(B)	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		mellitus, Gout		
198. CONDITION FOR WHICE WAS PERFORMED XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	No No	IN CERTIFYING CAU	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLAC	E OF INJURY (e.g., in m, factory, street, affi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct lacotion)
21D.TIME (Month) (Day) (Yeor) (Hour) 21E. INJU OF INJURY (APPROX.) While At Work	RY OCCURRED Nat While At Work			
22. I certify that (I) COUNTY STATE attended the de that (I) (NOS) last saw the deceased alive an Ap and haur and from the causes stated above. (I)	ril 18,	19 69 and the	9 55 ta Apr it in(my) Jaco K apini	ian death accurred an the da
23A SIGNATURE 23A SIGNATURE 23C. PHYSICIAN'S	Me Atten	ding Med. Director	Shaff Phys.	23B, DATE SIGNED 4/26/69
Millard T. Traband, Jr.	M.D.	BD. ADDRESS 1811 Nor Baltimor	e, Md. 21207	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	DEGREE OF CREA			, tawn, ar caunty) (State)

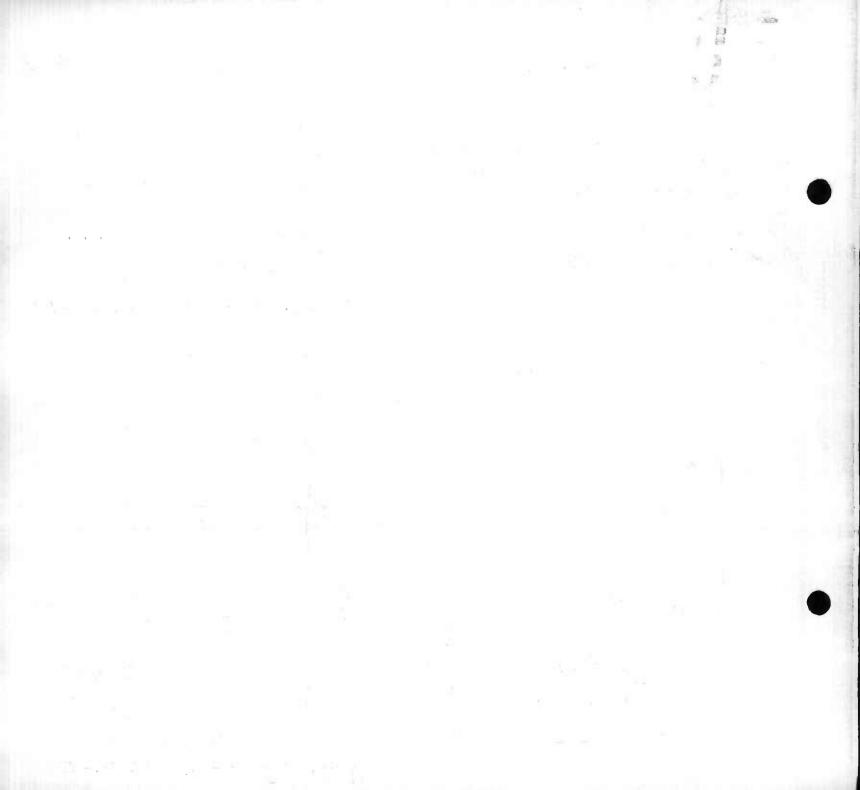
25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1969 trong North VS 150-REV. 1/1/6B

Druid

24D. LOCATION

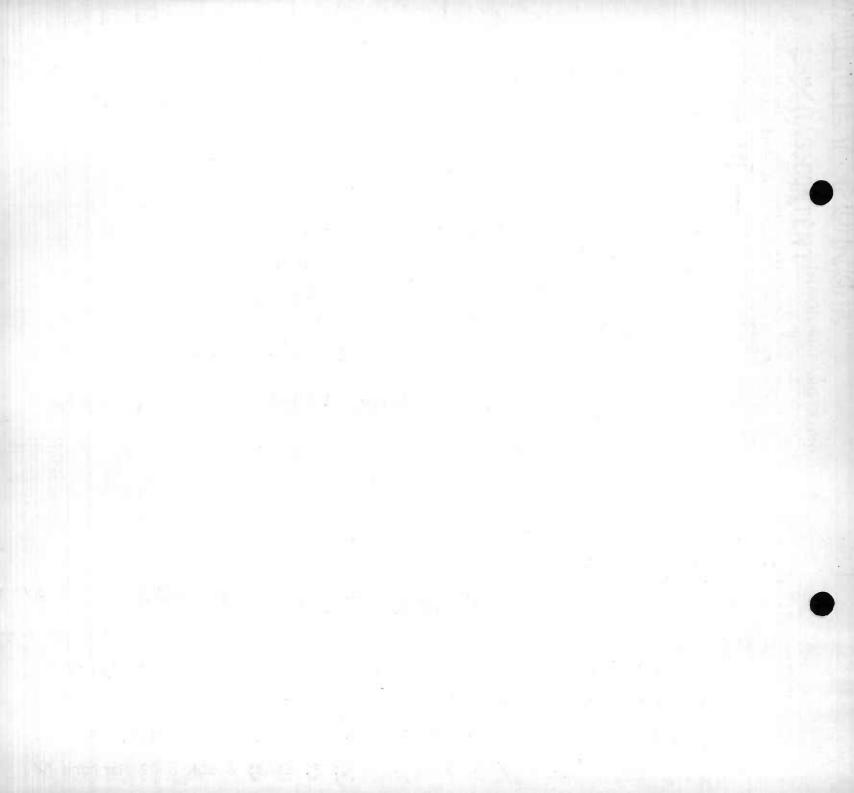
Pikesville







		69 43	13 CERTIFICA	TE OF DEA	TH REG. NO.	69 4313
	H NO. AME OF DECEASED		02.(11.10)	12. 0	DATE AND HOUR OF DEA	ATH
	e or Print)	CIDED			4/21/69	1.8
3. P	MARGARET	ND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	CE (Where deceased lived.	If institution: residence before admission)
FUI			TUTION, GIVE STREET	Maryland c. city or town	Baltimo	Ore County 5
2	HOUSE IN THE	PINES-BE	LAIR	E. STREET AND NU	MBER	113
0				3201 Sp	er1 Court	
s. s	EX 6. RACE	7. MAPPIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
-	F W	WIDOWED		9/14/190	1 lost birthday)	Months Doys Hours Min.
IOA.	USUAL OCCUPATION (Give kine			11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if	retired)				115 A
12	Clerk	Scho	tt Paper Co.	Marylan	DEN NAME	USA
	Frank Streb				Kimmerlein	100000
IS. Y	Nos Deceosed Ever in U. S. An no or unknown) (If yes, give wor	ned Farces? or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		212-09-355	6 Famil	y records	
	18. 174 Y I		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
	DISEASE OR CONDITI	ON DIRECTLY		A	PIA	2 1
	LEADING TO E		(A) IMMEDIATE CA	JSE (MMM) A CONSEQUENCE OF:	(Sid Mun O	411-24V
	(This does not mean the m heart failure, asthenia, etc. It		DUE TO, OR AS	A CONSEQUENCE OF:		1//
	injury or complication which		0.1	1.1	1	
	ANTECEDENT C	AUSES	(B) Chama	ma, It mus	W. Commission of the Commissio	a you zyu
	DISEASES OR CONDITION		9	A CONSEQUENCE O	F:	77
	rise to the obove coust		e (C)			
			(0/			
z	OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING				
ATIO	TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN	ED TO THE TERMINAL				
IC.	19A. DATE OF OPERATION 19	B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Y	(es or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ERTIFIC	O	AS PERFORMED			IN CERIFING	CAUSES OF BEAUTY
C	21A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE	YING 21	B. PLACE OF INJURY (e.g., me, form, factory, street,	in at about 21C. WHER	E DID (If in Bolt	timore City, give exact location)
AL	DEATH (notify medical examine	et				
DIC	21 D. TIME (Month) (Doy)	(Yeor) (Hour) 21	E. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
MEDI	OF INJURY (APPROX.)		hile At Not Whi			
			ork L At Work		1068 10 2	1 April 1969
	22. i certify that (1) (this h	aspital) attended	the deceased from	late.		
	that (1) (we) jast sow the d	eceosed alive on	20 MW	19 09	ond that in (my) (our)	ropinion deoth accurred an the dat
	and hour and from the caus	es stated obove.	(I) (We) (did) (did not)	view the body ofter	deoth.	
	234 SONATURE					23B. DATE SIGNED
	/ May I'M may		Ph.	ending Med.	or Staff Phys.	29 Mw 69
			GEGREE] "	23D. ADDRESS		1
	PHYSICIAN'S NAME (Type)	dman is a		860/ H-	rford Road	
24		dman MI	DEGREE		24D. LOCATION	(City, town, or county) (State)
24/	REMOVAL (Specify)					
			Holy Redeeme			City, Md.
25/	. DATE REC'D BY HEALTH DE	T. 2SB. NAME	OF REGISTRAR	2SC. FUNERAL D		ADDRESS
	APP 28 19	69 17 0 8	52 Tralley	1 C4 F3 E	YAMS & SON	8802 Harford Rd.
/S	150-REV. 1/1/68	7.8				



45	69 4314		HEALTH DEPARTMEN		69 4314
d a	RTH NO.	CERTIFICA:	TE OF DEAT	H REG. NO.	00 4014
	Pe or Print)		2. DA	TE AND HOUR OF DEATH	
	WILLIAM GUSSMAN			4-26-69M	10:43 A.
13	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	DEAD	4. USUAL RESIDENCE A. STATE 8.	(Where deceased lived, If in	nstitution: residence before admission)
	ILL NAME OF OF OSPITAL OR INSTITUTION ADDRESS OR LOCATION)				8-41
į	THE JOHNS HOPKINS HOSE		C. CITY OR TOWN		IDE CITY LIMITS?
	3 BALTIMORE, MD 21205	11/1	BALTIMORE		YES X NO
1	DALITHORE, TO ZIZO	į	E. STREET AND NUME		
5.	SEX 6. RACE 7. MARRIED NE	OVER MARRIED [B. DATE OF BIRTH	P. AGE (In years	Lill Flode 1 W. Holl A School
	MALE WHITE WIDOWED	DIVORCED	9-10-07	losi birthdoyl	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSIF		11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
de	e during most of working life, even if refired) Handyman			e Maryland	
17	FATHER'S NAME		14. MOTHER'S MAIDEN		U.S.A.
	MARTIN Gossman				
15		CIAL	IDA WI	LKE	
(Y	s, no or unknown) (If yes, give wor or dotes of service) Si	CURITY NO.			ADDRESS
H		3456		M. Markwordt	3439 Elmley Ave
L	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	01.1	ha T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		Insur	1111	
ì	(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		***************************************
-	injury or complication which caused deoth.)			\rightarrow	1
	ANTECEDENT CAUSES	(0)	deale	lle	
	DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS A	CONSEQUENCE OF:		***************************************
1	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)			
	11				***************************************
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
147	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WHICH	0.000.000.000	100 4		***************************************
TIE	WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
Ü	21A. ACCIDENT WAS UNDERLYING 21B. PLACI OR CONTRIBUTING CAUSE OF home, form	OF INJURY (e.g., In	or obout 21C, WHERE D	ID (if In Baltimore	e City, give exoct location)
A	DEATH (notily medical examines) home, form	, roctory, street, offic	e bidg., INJURY OCCU	R?	
MEDICAL	21D. TIME (Month) (Dayl (Year) (Hourl 21E INJUI	Y OCCURRED	21F. HOW DIE	INJURY OCCUR?	
2	OF INJURY (APPROX.) While At Work	Not While			
	22. I certify that (I) (this hospital) attended the dec			10 4-	19
	that (I) (we) last saw the deceased alive an		19	nd that In(my) (aur) cal-	olan death accured as the date
	and have and from the causes stated above. (1) (We)	(414) (414 max)!-	au the hade after to		mun death accurred an the date
	23A. SIGNATURE	A I	w the body differ de	um.	23B, DATE SIGNED
	Mark Domina		ding Med.	Staff Phys.	
	23C. PHYSICIAN'S MANIE (Type) MANIE (Type)	OEGREE Phys.	D. ADDRESS	- Phys. L.J	4/27/69
	NAME (Type) MARK DONOWI	K -		HOPKINS HOSE	PITAL
24	BURIAL CREMATION, 24B, DATE 24C. NAME of REMOVAL (Specily)	CEMETERY OF CREM			y, town, or county) (Stote)
	urial 4/29/69 Mount	t Carmel (Baltimore M	
II.	DATE REC'D BY HEALTH DEPT. 258, NAME OF REG		25C. FUNERAL DIREC		ADDRESS
i	BDD 98 1060 10 0 94 4 3			ander & Sons	
VS	150-REV. 1/1/68		14 V V	U	





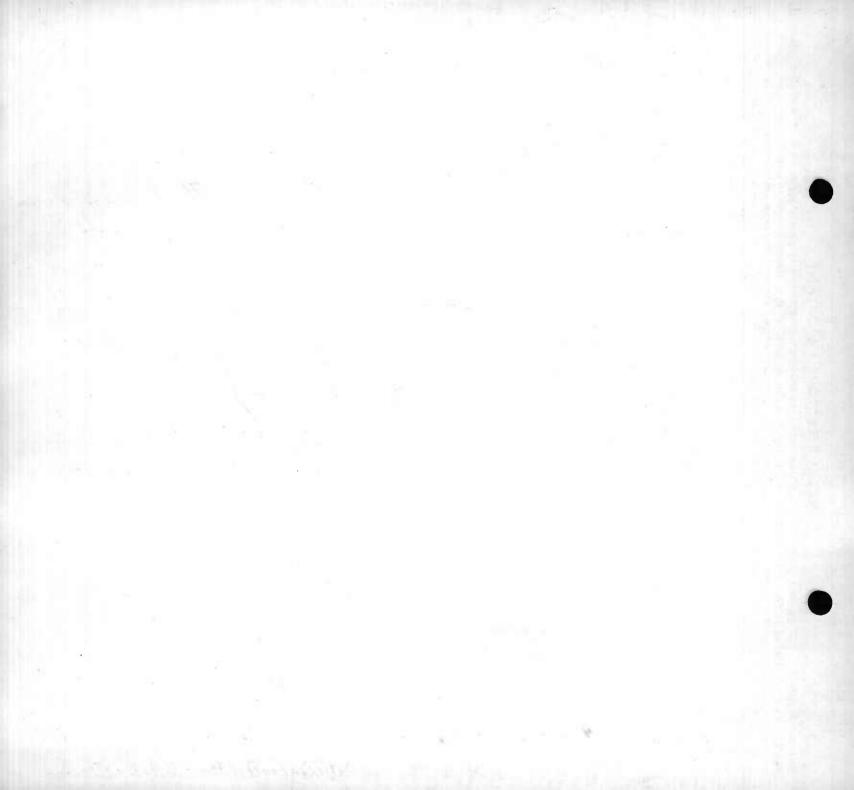
03 4310 BALTIMORE CITY HE	ALTH DEPARTMENT	00
MEDICAL EXAMINER'S C	CENTIEICATE OF DEATH	69 4316
BIRTH NO.	LEKTIFICATE OF DEATH REG. NO	
1. NAME OF DECEASED	2. DATE Known XX Month Day	Yeor Hour
(Type or Print) WILLIAM H. BROWN	OF DEATH Estimoted 4 22	69 6:00 p M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD April 22,	1969 6:00 p M.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution:	
and the same of th	A. STATE B. COUNTY	residence before odmission)
Church Home and Hospital	Maryland	3.01
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male Colored WIDOWED DIVORCED	Balto. YES	s ₽ NO □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
lost birthdoy) Months, Doys, Hours, Min.	15 N. Caroline St.	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
B. VI TI WHAT COUNTRY?	Brown Land Brown	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)	AA / 3A	
Helper Store	Martha Norris	DRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	1 (0 0	4 -
ND 2/6-30-3558	LOUISH BrOWN 1726 E.L	
19. CAUSE OF DEA	тн	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE Gunshot wound of the abdom	on l
(A) IMMEDIATE (A) IMMEDIATE (A) IMMEDIATE (A) IMMEDIATE (DUE TO, OR, heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	C11
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
(0)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
	: 22C WHERE DID /// :- Boltimore City dive ave	YES
22B. PLACE OF INJURY(e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exocute bldg., etc.)	3-01
UTING ☐ CAUSE OF DEATH. Liquors	Eden Liquors, 1402 E	. Baltimore St.
DF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOWDID INJURY OCCUR?	
(ADDROV)	VORK Subject shot during h	old-up
23.	Ty	
I certify that I held an Inquiry Inspection A		
resulted fram: Natural causes Accident Suici		3
20 1741.	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE M.E.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.		/23/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town	, or county) (State)
REMOVAL (Specify) REMOVAL (Specify) H-25-L9 7/m/B20+is	Honoton / Bunkingham 1	0 1/2.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL	25C. FUNERAL DIRECTOR A	E. Oliver St.
400	e indre min	m 01' a.
APR + 5 1969 R.C. 17 E. S. D. L. 1914	naudolphy bollick 24311	= Oliver St.
VS 151 PEV 1/1/68		

L-11-22 HG
Buckinskandava useh Grenn
Helper Stere Nareka-Nerris
No - 2ta-serkouish-Brown Make Kanvak-Se

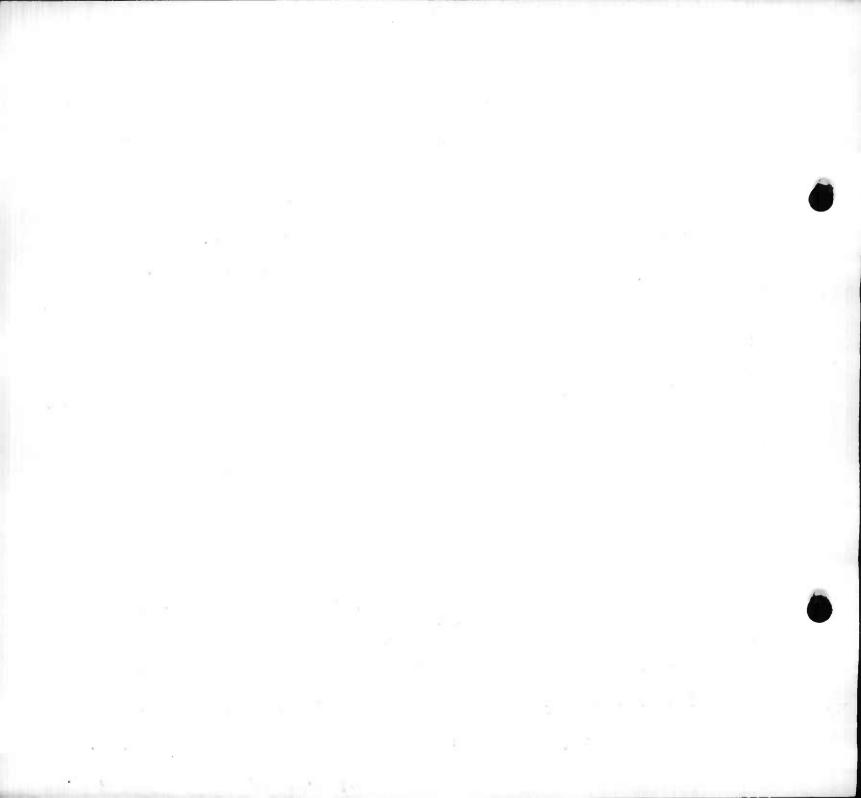
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Removal 4-25-69 ZionBayristlooreery Buetherland Cas. Van

36-26-75 djs	7	4-45	0 69	431		TE OF DEATH	REG. NO	69 4317	
and eath ased the Such	1,1	TH NO.	Ann		CERTIFICA		AND HOUR OF DEATH	36	
man (I) (m		pe or Print))0	SEPH	NOLAN	TI	4/24/69	18.20 P	/ M.
4 0 D 0 D	3.	PLACE IN BALT	MORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE B. COL		nstitution: residence before adm	ission)
hos use (5)	FU H	ILL NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	D IN	SIDE CITY LIMITS?	
2 2 3 5 5	attention in	SALTIMORE		ALS		BALTIMORE		YES 🖄 NO 🗌	
ng ng cau	1.6		ERN AVENUE	03.004		E. STREET AND NUMBER 545 WEST LA	NUATE 2100	. 7	
ar a	0 5		, MARYLAND	21224	NEVER MARRIED	8. DATE OF BIRTH	NVALE 2120	If Under 1 Yr. , If Under 2	4 Hrs.
occur ontrib ermin regul	E	IALE	NEGRO	WIDOWED	DIVORCED	8-4-97	last birthday 7/	Months Days Hours	Min.
th co co lete	E do		PATION (Give kind of work orking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT CO	UNTRY?
o o o	O 13	1460r	24			MARYLAND 14. MOTHER'S MAIDEN N	AAAE	U.S.A.	
if d ect (4) U	0	FATHER'S NAM OSEPH	i E			MOLLY	AIVIE		
	D 15.		Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	2122
A con a	final (Ye	s, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO. 217-01-1995 A	BCH: RECORD	S 4940 EASTE	RN AVE. BALTO.	
IMPORT In his assis Also, if the of any ki ounced de	10	1B. 5-1	XXI		CAUSE OF DEAT	Н		APPROXIMATE INTE	
MP his of of or	pe		OR CONDITION DI	RECTLY	A MARCHATE CA	senis		24 hus	
0 4 5 5 0	<u>E</u>		I mean the made of asthenia, etc. It means		(A) IMMEDIATE CA DUE TO, OR AS	A CONSEQUENCE OF:			
OR: iner. ractu	Ď E	injury or com	olicotian which caused		A	1 + . 6	10 900	1 + 2/24/11.	
e e e	0		NTECEDENT CAUSES R CONDITIONS, if	ony giving	(8) DUE TO, OR AS	A CONSEQUENCE OF:	· a // Youps	Millem 2 days)
(3) (3) v in v	ns ar	rise to the	obave couse (A) CONDITION lost.		(c) ASC	VD with Br	relevine ad	chans Orsens y	las
RAL D medicanedical burns;	re or	OTHER SIGNIFI	II CANT CONDITIONS CO I BUT NOT RELATED TO TO DONDITION GIVEN IN PAR	HE TERMINAL	Cerely	el Otrophy, GO	PD Doff	ciency years	
NEI hief a r 3ody the	ore the	19A. DATE OF	OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or YES	No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	4
FU the call by (2) (2) lere (2) (2) lere (2) (3)	e fo	OR CONTRACTOR	T WAS UNDERLYING TING CAUSE OF	21 B. hom etc.)	PLACE OF INJURY (e.g., e, form, factory, street, c	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltime	ore City, give exoct location)	
\$ = 0 3 Z		21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
hosp hosp apt (6)	ained	(APPROX.)		Whi	le At Not Whi				
pro he ny i	pto	22. I certify	that (i) (this hospito) ottended th	ne deceosed from	2-19	19 69 to	4-24 19	69.
0000	pe	that (I) (we)	lost saw the decease	ed olive on	4-24-	19 <u>69</u> and	that in (my) (aur) ap	Inian deoth accurred an th	ne date
00 1 ± ±			A	ted obove. (I) (We) (did) (did nat)	view the bady ofter death	1.	DATE SIGNED	
ea ide	l must	23A. SIGNATUI	Hohmit	- W	DE GREE PH	ending Med.	Staff Phys.	23B. DATE SIGNED	
	oval	23C. PHYSICIAL NAME (Ty	V'S		DEGREE	23D. ADDRESS	O EASTERN AV	ENUE	
was An o	No. ddb		DANIEL 1	UR 57	DEGREE	~	LTIMORE, MAR		(otata)
certificate sody was 1 7s: (1) An at D.O.A. at assed prior		A. BURIAL CREA		10 MA	ME of CEMETERY OF CI	1	LOCATION (City, town, or county) (S	Stote)
This certif the body shows: (1) was D.O	written 25	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	FREGISTRAR	25C. FUNERAL DIRECT	OR 1011-1	3 ADDRESS	
Thi the sho wa	*	A	PR 28 1959 (alas .	E. Gardenma	O Syllikan An	Pal Hone-N.	Arlington Ave	
	VS	150-REV. 1/1/6	В						



K	1-1000	1		65	4.34	BALTIMORE CITY	Y HEALTH DEPARTMEN	T	69 43:	10
	and ased the Such		RTH NO.		101	L8 CERTIFICA	TE OF DEAT	H REG. NO.	00 40.	10,
	- 00 5	(T ₂	NAME OF DEC	RHEA WILL			2. DAT	APRIL 23, 19		25 P
	of d of d) Dece ce on	3.	PLACE IN BAL	TIMORE MARYLAND,			4. USUAL RESIDENCE	Where deceased lived, I	institution; residence	
	hos (5) de	FL	JLL NAME OF OSPITAL OR ISTITUTION			UTION, GIVE STREET	Pa.	Adams	NSIDE CITY LIMITS?	35
	c 3			ic Health Ser	rvice Ho	spital	New Oxfo		YES 📑 N	10 🗌
		M		man Parkway				Lton Street		
		5.	SEX F	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. Months: Doys : F	Il Under 24 Hrs. Hours Min.
		10/	_		WIDOWED	DIVORCED BUSINESS OR INDUSTRY	10/9/01	h'/		1
	death Tor c Undet as in e dec		HOUSEW:	ife		DOSINESS ON INDUSTRE	Pa.	Adams Co.		USA
ż	# 5€ ¥ + g		James L	Staub			14. MOTHER'S MAIDEN	name ISBAROF Emma	a K. Baker	
RTAI	kind dear	(Ye	No	Ever in U. S. Armed For Ill yes, give wor or dote	rces? es of service)	16. SOCIAL SECURITY NO. 181-01-4089	Records-	US PHS Hos	oital, Balto	
IMPORTAN	Also, if re of any nounced attendo		1	E OR CONDITION DIL EADING TO DEATH It mean the mode of Islhenia, etc. II means		(A) IMMEDIATE CAU	Bronchor	neumonia	BETWEEN C	mate interval conset and death Days
ECTOR	xaminer. xaminer.) A fractu who pro regular		DISEASES OF	NTECEDENT CAUSES CONDITIONS, if obove cause (A)	death.)		Multiple A CONSEQUENCE OF:	myeloma	2	yrs.
DIRE	al e e e e e e e e e e e e e e e e e e e		UNDERLYING	CONDITION lost	sloting lipe	(c)	********************************	***************************************		
-	medical y burns; physicia ian was e remain	ATION	DISEASE OF CO	II CANT CONDITIONS COI BUT NOT RELATED TO THE NOTION GIVEN IN PAR	E TERMINAL	*************	angiomata of t	he colon	Mont	hs
FUNERA	chie y a Bod the the iysic	RTIFE	LYA. DATE OF	OPERATION 198 CON	DITION FOR W		yes	IN CERTIFYING C	E FINDINGS CONSIDE AUSES OF DEATH?	RED
11.	y the hood	CAL	DEATH (notity i	WAS UNDERLYING CAUSE OF	el c.)	PLACE OF INJURY (e.g., in e, larm, lactory, street, alfi	or about 21 C. WHERE DIE	(if in Baltim	ore City, give exact lace	otion)
	proved b the hosp ny natur except w and (6)	¥	(APPROX.)	Manth) (Doyl (Year)	Whil Work		21F. HOW DID	NJURY OCCUR?		
	4 50 .0		that (1) (we) 1	hat ()) (this hospital) ost sow the decease	d alive on	Apr. 23	ar. 22 19 69 ond	19 69 ta ADI that in (my) (our) ap		19 69
	ased to dent of ospital death) must be		and hour and	from the causes stat	ed above./(I)	(We) (did) (did hot) for	ew the bady after deat	h.		
	- o - c -		901	ml. Sint	huls	DEGREE Phys.	ding Med. Director	Staff Phys.	23B, DATE SIGNED 4/24/69	
RGB	y was rely was rel(1) An acc 3.A. at a led prior to			"Sutherland,	MD	DEGREE	D. ADDRESS	oital, Balto,	, Md.	
	dy (E) os de la la la la la la la la la la la la la			ATION, 248. DATE		ME of CEMETERY OF CREA			City, town, or countyl	(Stote)
	This certifue body shows: (1) was D.O. deceased written a		Burial	4/28.196	9 St M	ary's Cemeter		w Oxford Ada		
	This the I show was dece			PR 28 1969	R. a. 2	E o Feelentia	25C, PUNERAL DIRECT	100 120	ADDRE	
		VS 1	50-REV. 1/1/68				TITLE OF THE TITLE	146	M OVIOIG	B



69 4319 BALTIMORE CITY HEALTH DEPARTMENT

EVANABLED'S CEDTIEICATE OF DEATH 69 4319

RID	TH NO.		WED	ICAL	EX	AMINER 5	EKIIF	CATE OF	DEATI	REG. NO		10.10
	NAME OF DEC	EASED					2. DATE	Known [X]	Month	Doy	Yeor	Hour
(Тур	e or Print)		PHILL	IP STE	HM	EN	OF DEATH	Estimoted	April	24, 196		
4. F	LACE IN BAL	TIMORE, MAI	RYLAND, W	HERE PRO	ONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
HOS	L NAME OF	(IF NOT	IN HOSPITA	L OR INSTITUTION)	TUTIO	N, GIVE STREET		UNCED DEAD	Apri:	273 27		7:52 A M.
OR /	INSTITUTION 4	935 Abe	erdeen	Avenu	ie		A. STATE	esidence (Where laryland		ed. If institution: B. COUNTY	residence l	by ore odmission)
6. 5	EX	7. RACE	W	8. MARRIE	ED	NEVER MARRIED				D. INSIDE CIT	LIMITS?	-
	Male	Male		WIDOWE		DIVORCED	F	Baltimore		YES		№ □
	ATE OF BIRTH		10. AGE (In lost birthdoy	yeors y)		ler 1 Yr. If Under 24 Hrs. s Doys Hours Min.		AND NUMBER				
_	3/14/63		6					935 Aberd	een Av	enue	-	
11.1	BIRTHPLACE (S	more,				TIZEN OF HAT COUNTRY?	13. FATHER		C4 = 1=			
								obert B.		man		
	USUAL OCCUI during most of w			14B. KIND	OF B	USINESS OR INDUSTRY						
	none					one		eonora F	oller			
	WAS DECEASI , no or unknown)					17. SOCIAL SECURITY NO.	18. INFOR				DRESS	
_							Robe	rt B. St	tehman	, fath	er,	above
	19.	-54	,0			CAUSE OF DEA	тн					PROXIMATE INTERVAL
	DISEASI	E OR CONDI	ITION DIREC	CTLY		Orrand	oso of	barbitura	+0 \			
		LEADING TO	DEATH			(A)IMMEDIATE C		Darbicura	LC			
	heort foilure,	ot meon the osthenio, etc. aplication whic	It meons the	diseose,			AS A CONSEG	UENCE OF:				
		OR CONDITION		GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
	RISE TO THE	ABOVE CAL	JSE (A) STAT	ING THE								
3	ONDEREN	- CONDIN	OIT LAST.			(C)			********	***************************************		
CERTIFICATION	OTHER SIGN	IFICANT CON	II	NITPIRITI	NG							
Ö	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERMIN								
		CONDITION			OPV	VHICH OPERATION W	AS PERFORA	AFD	***************************************		21 AUTO	PSY? (Yes or No)
8	DAIL OF	OI EXAMOL	200. CO	ADIIIOI4 I	OK.	VINCII OF EXAMON W	AS PERIORI	NED .				
	22A. FXTERI	NAL CALICE	MAG	To.	2 D DI	ACE OF INJURY(e.g.,	:bl '	OC WHERE DID	fif to Delateran	- City - in a second		es
EDICAL	UNDERLYING	NAL CAUSE V		ĥ	ome,	form, foctory, street, offic	e bldg., etc.) I	NJURY OCCUR?			locollon)	40
	UTING CA			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Loc	home		4935 Aberd			5 60	19
	OF INJURY	Month) (D 4-23 01	oy) (Yeor r) (Hour)		E.INJURY OCCURRED	Yearne					
	(APPROX.)	4-24-69	9	? .	m. W	ORK AT W	ORK X	Ingested	overdo	se of ph	enoba	rbital
	23.	ify that I he	ald an li	nquiry [1	Inspection Au	tapsy X	and that an t	hie basis	daash in mu a	ninian	
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ш	result	ed fram: No	atural cau	505	Ac	cident X Suicio				ned manner L	J	
	ACTUAL	(00.	1	10) '	1 -+		CHIEF MEDICAL E		[_] [7]		DATE SIGNED
	SIGNATU	JRE CO	and.	3.)_	71 M.D		STANT MEDICAL E				
	EXAMINI NAME (T	ype)		s. sf		ngate, M.D.		OCIATE MEDICAL E		•		1969
	BURIAL CREA MOVAL (Specifi Burial		4B. DATE 1/28/6	59		NAME of CEMETERY alto. Nat.			location Baltit	(City, town,) (Stote)
254	. DATE REC'D	BY HEALTH D	DEPT.	25B. NA	AME (OF REGISTRAR	[25C.	FUNERAL DIRECTO	OR	a "AD	DRESS	7
		488	1000	3 10 1	2	en 9 Frank		FUNERAL DIRECTS Schimune		eral Ho		Inc.
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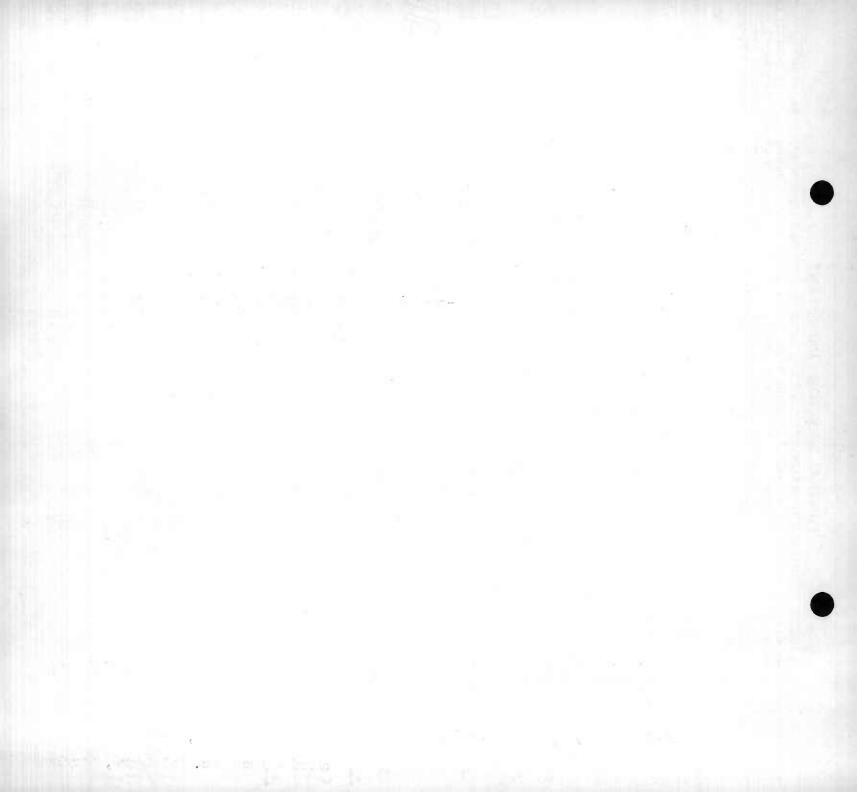
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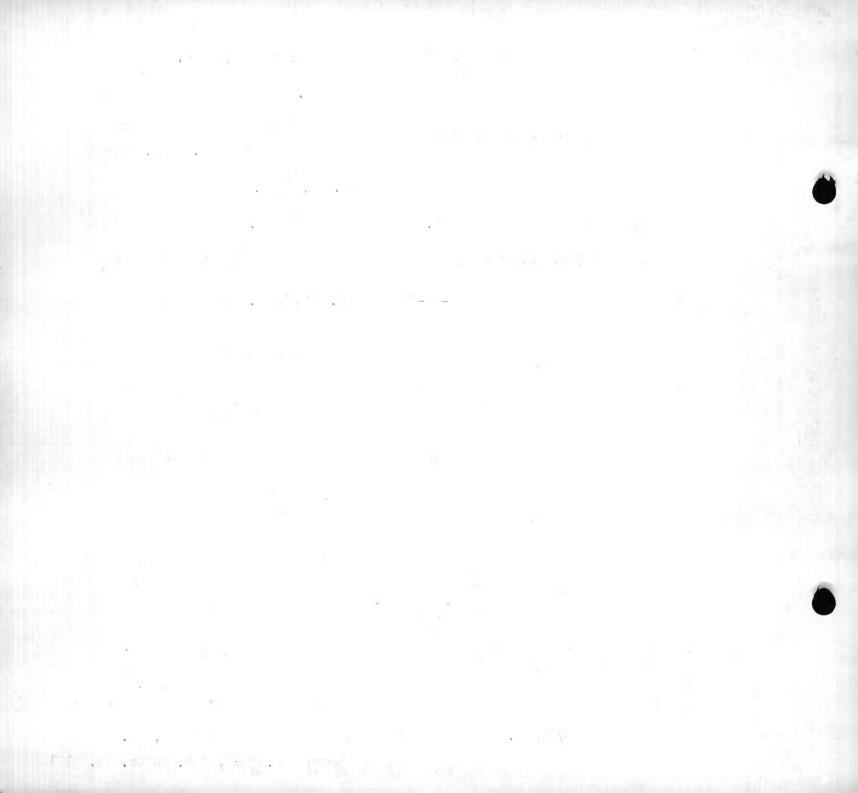
BALTIMORE CITY HEALTH DEPARTMENT

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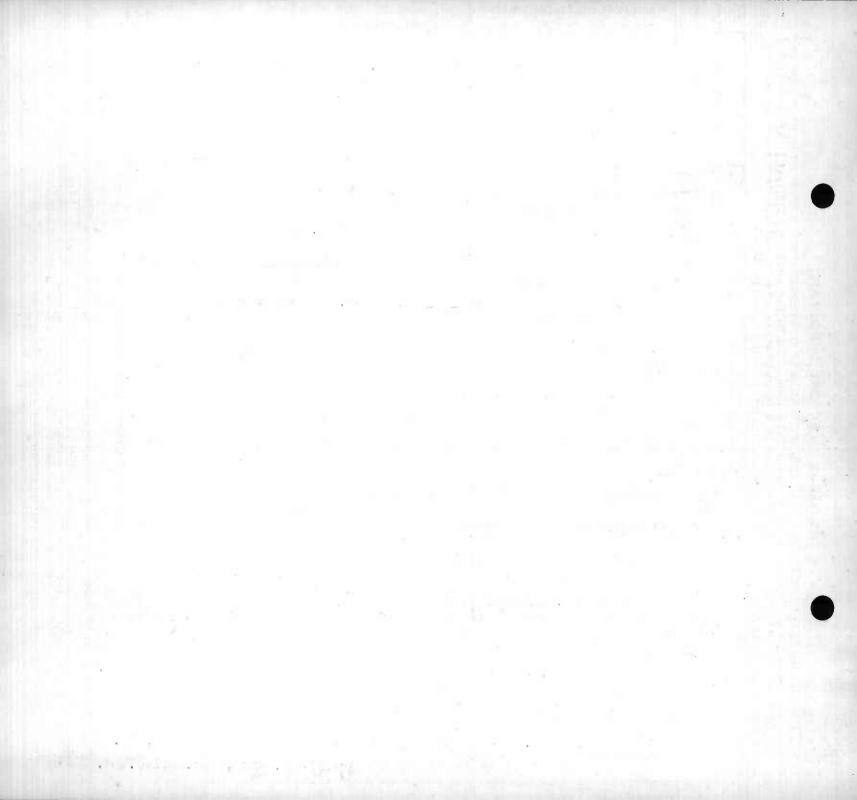
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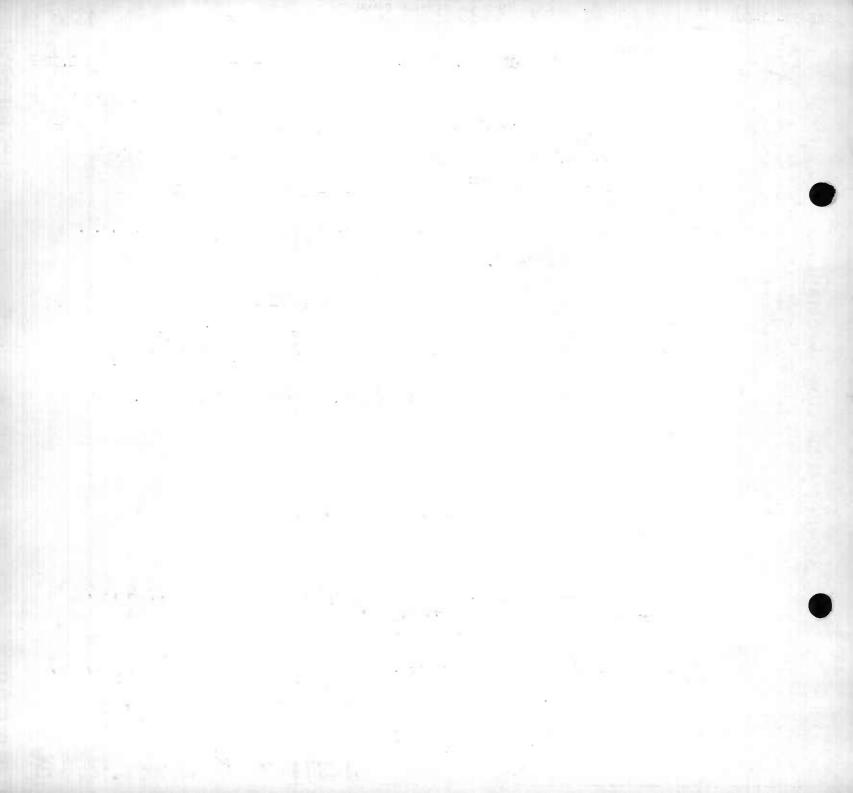
If Under 24 Hrs. Hours i Min. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in (my) (aur) aprinian death occurred an the date 23B. DATE SIGNED Baltimore, Md. Leonard J. Muck, Inc. Balto. Md. 21214

NO



	BALTIMORE CITY	HEALTH DEPARTMENT	69 4324
BIRTH NO. 69 4	CERTIFICA	TE OF DEATH REG. NO. —	00 1021
Female White Widows and Months: Days Hours And Divorced State of Program Country Divorced State of Program Country Divorced State of Program Country Divorced State of Program Country Divorced State of Program Country Divorced C			
Type or Print) BOHANAN, MR	S. ANGELA D	APRIL 24. K	
	TAL OR INSTITUTION, GIVE STREET ANDOWN A STATE RESIDENCE (Where deceased lived, It is a state of service) A STATE RESIDENCE (Where deceased lived, It is a state Record Re		nstitution: residence before admiss
SHIP NAME OF A SERVICE IN HOSPITAL OR IN	NOTITUTION CIVIE CTREET	. 4	10 ary 27 4"
OSPITAL OR ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET		
	MSDITAL		
arakut Home AND	104 1710		
35		2809 NORTHERN PAR	EKWAY
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	I lead bloth day	If Under 1 Yr. If Under 24 Months: Doys Hours Mir
Female White WIDO	WED DIVORCED X	8 30 11	Wolling Doys Hours William
	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUN
A1		MARLIAMA	115A.
			0(1-1)
		0 4 C W D.	ssio
		AAAAAAAAAAA	
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of serv		7	ADDRESS
NO	219-16-3654	Mr. Raymond Bohanan	(Same)
18. 3 / 9 V	CAUSE OF DEAT	H	APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY		1 A 0 7 0 7 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0	BETWEEN ONSET AND D
	A AMAZEDIATE CAL	" DEA(N ABSECTS)) mon
(This does not mean the mode of dying,		736	~ //
	eose,	A CONTEGUENCE OF	THE RESERVE THE RES
ANTECEDENT CAUSES	(B)		
	···ing	A CONSEQUENCE OF:	
	(c)		
11	(-/		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	ING		
TO THE DEATH BUT NOT RELATED TO THE TERMI		••••••	
19A. DATE OF OPERATION 198. CONDITION		20A. AUTOPSY? (Yes No) 20B. IF YES, WERE	FINDINGS CONSIDERED
24-5-69 WAS PERFORMED	BRACN ABSCESS	IN CERTIFYING CA	AUSES OF DEATH?
			pre City, give exoct location)
		ffice bldg., INJURY OCCUR?	
	DIS INTURY OCCUPAND	DIE HOW DIE INTURY OCCURS	
(APPROX.)			
22. I certify that (I) (this haspital) attend	ed the deceased from	4-4 19 69 to	4-24 196
	• • (V() »		Inlendant served on the
			inian death accurred an the
	ve. (1) (We) (did) (did nat) v	view the bady after death.	•
23A. SIGNATURE	· 4.0		
Twass & Janu	Ma Phy	ending Med. Staff	4-24-69
23C. PHYSICIAN'S			_ 1_
TEDDORO A DARWA	m a	thurst Home Hospith	
17:011041	4C. NAME of CEMETERY OF CR		City, town, or county) (Stat
REMOVAL (Specify)	IO, ITAINE OF CENTETERS OF CR	240. LOCATION	orige rowing or country) (3101)
Burial 4/28/69.	Holy Redeemer Ce	emetery Baltimor	
	ME OF REGISTRAR	Leonard U. Ruck, Inc. Ba	ADDRESS
A COLUMN TO THE REAL PROPERTY OF THE PROPERTY	LOTAL MAY ASSISTED AND	Leonard W. Auck, Inc. Ba	TTOO MA CTCTH

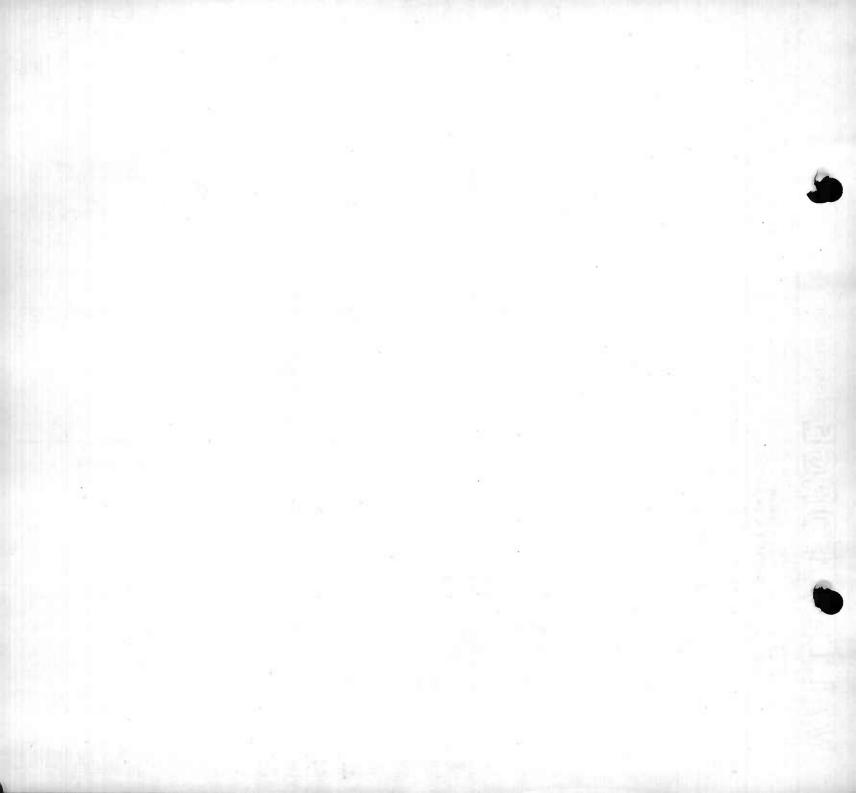




VS 150-REV. 1/1/6B

Date of Death 13 phone from Sendins her 4/24/69

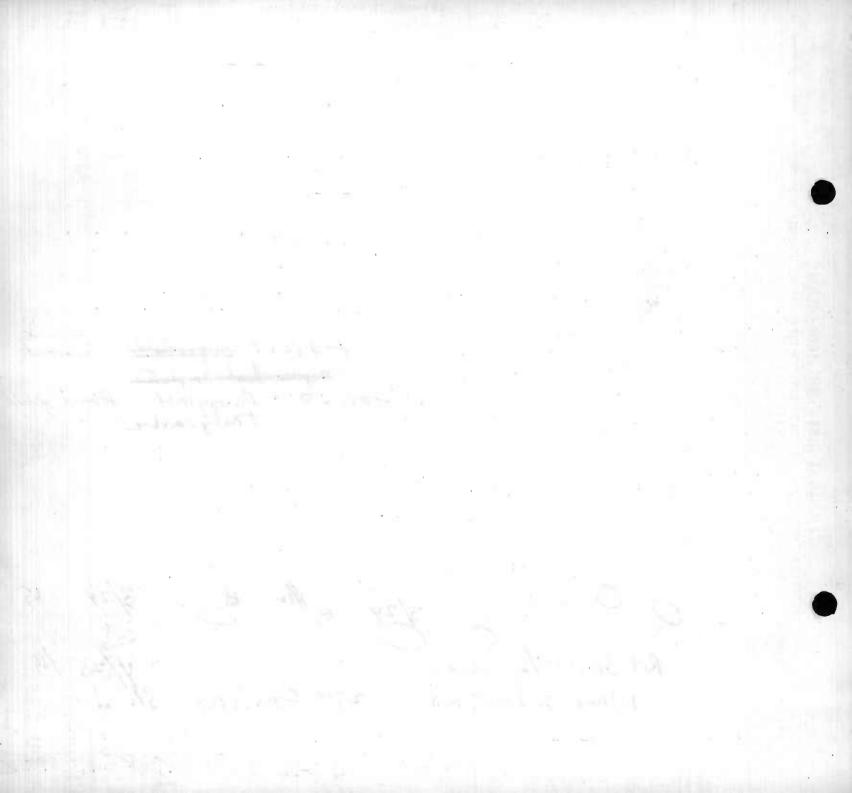
00	A O OF BALTIMORE CIT	Y HEALTH DEPARTMENT		CO 4297
BIRTH NO.	400 CERTIFICA	TE OF DEATH	Registered No.	03 4021
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) Viola Bex	222	11.	- 26 - 68	9:15 \$
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When	e deceased lived. V institu	ution: residence before admission)
		A. STATE B. COUN	TY	11
FULL NAME OF (If not in hospital or inst HOSPITAL OR address or location)	tution, give street	Maryland	2 223	16-04
INSTITUTION		C. CITY OR TOWN (If out	side city limits, write RUR	AL and give township)#
46		Baltimore		
1 + harm H - 1 1	of Harris of	D. STREET ADDRESS	ruiol, give location)	
Lutheran Hospital	of plant lance	1815 Edm	conson au	ul_
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years III	Under 1 Yr. If Under 24 His.
temale Negroe	widnused	12-10-91	m	
OA. USUAL OCCUPATION (Give kind of work 108. K			gn country) 1	2. CITIZEN OF
ane during most of working life, even il retired)		11 . 1	(1)	WHAT COUNTRY?
LAUNGRESS		Howard Co,	MARYLAND	U.S.A.
3. FATHERS NAME	8	14. MOTHER'S MAIDEN NAT	WE S	
Slames ala	hoson	Hall	12 Johnson	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	10 04111301	ADDRESS
(es, no or unknown) (If yes, give wor or dotes of s				
No.	217-22-4961	James Berni	trd 410:	2 Woodridge
18. 4 3 3 , 4 1	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	4		0	distriction of the second
LEADING TO DEATH	(A) /n	eumonia c	Congestive	4 2MS
(This daes not mean the made of dying heart failure, asthenia, etc. II means the d		0 4	0.0	
injury ar camplication which caused death		head	facture	2911-
ANTECEDENT CAUSES	(B)	. V. A (Cerel	oral thromb	1955) 2 MS
DISEASES OR CONDITIONS, if any,	DUE TO			
lise to the above cause (A) stating				
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING			
	10 THE			
19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSE	DINGS CONSIDERED
		NO		
OF CONTRIBUTING CAUSE OF	21 8. PLACE OF INJURY (e.g., home, form, foctory, street,	of obout 21C. WHERE DID	(If in Boltimore Ci	ty, give exact location)
DEATH (notify medical examiner)	etc.)			
O 21D-TIME (Month) (Doy) (Year) (Hou	1) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not Wh		ON	
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) atte	nded the deceased from	3 - [19 68 to 4 -	26 19 68
that (I) (we) lost saw the deceased ali-	10 00 4-76	10	- /	n death occurred on the date
			or many (manaphino	in death occurred on the don
and hour and from the causes stated ab	ove. (I) (We) (did) (dld not)	view the body ofter death.		
23A. SIGNATURE				8. DATE SIGNED
frush a	M.D. At	ys. Med. Director	Phy s.	(L-26-6)
23 C. PHY SHCIAN'S	0	23D. ADDRESS		t
NAME (Tipe)	. M.D.	1 11	11 1	C ()
Jun-Ja Chu-	ne	Lutheran	Mospital	of Mary and
REMOVAL (Specify) 24B. DATE	249 NAME of CEMETERY OF CE	EMATORY 24D. L	OCATION (City,	town, or county) (Stote)
Bupial 5-1-19	Arbutus Mer	n. Pork A	chutus	Marulano
25A. DATE REC'D BY HEALTH DEPT 25B. N	IAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS/
MA 60 1355 02	Dreets Br. So. Ourte	Hard 1 in	Nove H EU	Inal Lumance
The state of the s	Lamen do milano)	THORTON EC	D4011 +181	1101 PATERIO
/\$ 150-REV. 1/1/65				

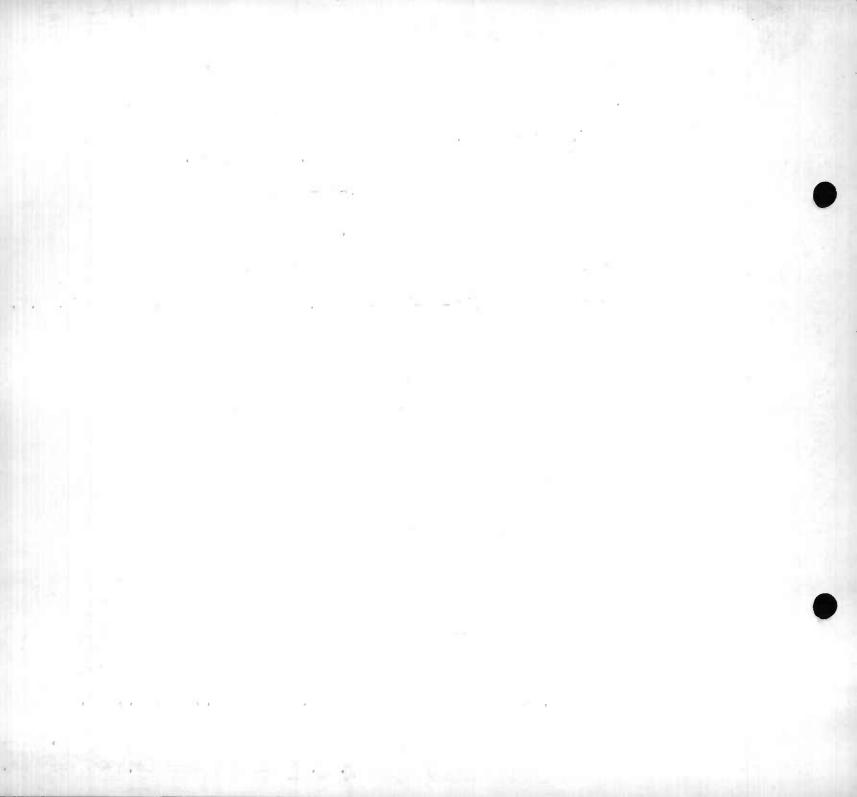


VS 150-REV. 1/1/6B

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			0 11	BALTIMORE CIT	Y HEALTH DEPARTM	ENT	0.0	1005
		6	9 4	CERTIFICA	TE OF DEA	TH REG. NO.	69	4500
	NO. ME OF DECEAS	ED			2. 0	ATE AND HOUR OF DEA	тн	
	or Print)	ROBERTA	A B. G	REENE		4-24-69		
3. P	ACE IN BALTIM	ORE, MARYLAND, V	VHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived. I	f institution; residence	e before admission
	NAME OF	WE NOT IN HOSBIT		THEON COME STORES	26.2		1 / 4	5-11
HO	NAME OF PITAL OR TUTION	ADDRESS OR LOC	ATION)	ITUTION, GIVE STREET	C. CITY OR TOWN	Balto, City	NSIDE CITY LIMITS?) - / ·
)					Baltimo		YES KIK	NO 🗌
	Jull Der	nlyn Road			E. STREET AND NU		5	1
	Baltimor	e, Maryla	and		3414	+enny	IN R.	٥.
. 5	K 6.	RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Yr. Months: Doys	If Under 24 Hrs
F.	MALE	NEGROID	WIDOWE	D DIVORCED	4-21-28	41		
			k 10B, KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stat	e or fareign country)	12. CITIZEN OF	WHAT COUNTR
		ring life, even if retired)	Dam	nestic	Baltimore	БМ	U. S.	Δ
	THER'S NAME	<u> </u>	1000	IERCIC	14. MOTHER'S MAIL		10. 0.	22.6
) - T	Demler Je Je			Dindi	e Allen		
		Barksdale or in U. S. Armed Fo	rees?	1 6. SOCIAL	17. INFORMANT	O WITGII	ADDR	ESS
es	o or unknown) [If	yes, give war or dol	es of service)	SECURITY NO.	Melvin A	. Greene, Si		
	10	n/a				lyn Rd., Ba		
	8. 411	2 2 1		CAUSE OF DEA	H			OXIMATE INTERVAL N ONSET AND DEAT
		abave couse (A)	stoting th	(C)		Trung ex	ne-	
	O THE DEATH B	INT CONDITIONS CO BUT NOT RELATED TO T DITION GIVEN IN PAI	THE TERMINAL					
ERTIFIC	9A. DATE OF OF		NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Y	es or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONS CAUSES OF DEATH	IDERED ?
0	1A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLYING DATE OF edical examiner	ho	1B. PLACE OF INJURY (e.g., ome, farm, foctory, street, tc.)	in or obout 21 C. WHERE office bldg., INJURY OC	E DID (If In Bolti CUR?	more City, give exact	focotion)
		Nonth) (Day) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?		
٤	APPROX.)			Vhile At Not Wh	le 🗍			
	2 1 45 41	Alia basia		the deceased framy	- V//	2 19 BP to	7/21	1 10 66
	()			7/7	6 10/0	90	7	
		st saw the deceas			_	and that is (my) (our)	apinian death acc	urred an the da
		am the causes sta	ited abave	(I) (We) (did) (did nat)	view the bady after	death.	DATE SIGN	IFD /
	3A. SIGNATURE	- (,-	-110	20 /	ending Med.	Staff []	23B. DATE SION	/11
	Kil	JMOOT	1 my /	ounder DEGREE Ph	ys. Directo	Phys.	1/2	5 /69
	AC. PHYSICIAN'S NAME (Type)	/	10		23D. ADDRESS		26/ 1	
	R	OLAND T	· Imos	T. M.D DEGRE	2300 6	AVNSON	151V 2	
24 A	BURIAL CREMA	TION, 248. DATE	24C.	NAME of CEMETERY OF C	REMATORY	24D. LOCATION	(City, town, or coun	ty) (Stote)
	BURIAL	4-28-6	9 B	altimore Nat	'l Cem.	Baltimore	, Marylan	nd
25A	DATE REC'D AY			OF REGISTRAR	2SC. FUNERAL D			DRESS TNC
	6.31	M M 1303	Willia.	Mil Strollenge	O ANHLES	Talinand St	Bat to	Md. 1





3453 AM A

5 6 0

P. 8-3/13

69 4331 BALTIMORE CITY HEALTH DEPARTMENT

	100							
ME	DICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	REG NO -	69_	4331

RIE	RTH NO.		MEDI	CAL	EXAMINE	(3)	EK HIFIC	ATE OF	DEATI	REG. NO	03	400	5 A.
1.	NAME OF DEC	SALONE			Paskevio	cius	2. DATE OF	Known	Manth April	22, 196	Year	Haur O. /. 1	D
4	DI ACE IN BAL				ONOUNCED DEAD		DEATH 3. DATE	Estimoted .	Month	Doy	Year	10:41	P • M.
FUI	LL NAME OF				ITUTION, GIVE STREET			CED DEAD		1 22, 19		10:41	P . M.
OR 4	INSTITUTION	AGNES H				4	S. USUAL RES A. STATE	Marylar	_	ed. If institution: B. COUNTY	residence	before admi	ssion)
	sex 'emale	7.RACE White		3. MARR	IED A NEVER MARR		c. city or to Balt	own timore		D. INSIDE CIT	s LIMITS	NO 🗆	
9. 1	DATE OF BIRTH	10	0. AGE (In y	eors	If Under 1 Yr. If Under Manths, Doys, Hours	24 Hrs.	E. STREET AN	ID NUMBER Lnut Stre	et	16	3 🖭	NO L	
11.	March BIRTHPLACE (S Lithu	tate ar fareign	cauntry)		12. CITIZEN OF	?	13. FATHER'S John S						
144			ind of wark 14	B. KIND	OF BUSINESS OR IN				ME		_		
don	e during most of w	orking life, even	if retired)			_		ja Lie		tuto			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknown) (If yes, give war ar dates of service) 17. SOCIAL 17. SOCIAL 17. SOCIAL 17. SOCIAL 17. SOCIAL					18. INFORMA		0 000 0. 0		DRESS				
(Ye	s, na ar unknown)	(If yes, give wa	rar dates of	service	011-26-	663	A Feli	x Pask	evici	us-304	N.	Rolli	naR^d
-	19. 4 -	0.9			CAUSE							APPROXIMATE I	
	DISEAS	E OR CONDITI	ON DIRECT	ΓLY	Suba	rach	noid her	morrhage	due to	ruptur	e of		
		LEADING TO D				EDIATE C		renary mer					
	heort failure	, asthenia, etc. It aplication which	meons the d	isease,	XXX		AXXXONSHXI	ERCXEXUR:					
					Ar	eury	sm of ci	ircle of	Willis				
	DISEASES O	NTECEDENT CA	NS, IF ANY,		(B)		AS A CONSEQU						
_		ABOVE CAUS		NG THE	(c)								
Ó		II		-	(C/								
CERTIFICATION	TO THE DEA	IFICANT COND ATH BUT NOT RI CONDITION G	ITIONS CO	HE TERM			re c. e-e						
ERT	20A. DATE OF	OPERATION	20B. CONI	DITION	FOR WHICH OPERAT	ION W	AS PERFORME	D			21. AU1	OPSY? (Yes	or No)
O	0,											(head-	only)
MEDICA	UNDERLYING	NAL CAUSE W OR CONTR USE OF DEATH	IB-		22B. PLACE OF INJU home, farm, factory, str	RY (e.g., reet, affic	in ar abaut 220 e bldg., etc.)	C. WHERE DID JURY OCCUR?	(If in Boltimar	e City, give exa	ct lacation)	
Σ		(Manth) (Day		(Hau				F. HOW DID IN	JURY OCC	JR?		71	
	(APPROX.)				m. WHILE AT		WHILE WORK						
	23.	ify that I hel	d 1	quiry [Inspection	٦,	id-only)	ond that on t	hie haeie	death in my	opinion		
		ted from: Ng			Accident	Sulcio	-			ned monner			
	result	red from: No)	62 []	Accident _	501010		HIEF MEDICAL					
Н	ACTUAL	IDE /	uld	71	Went			TANT MEDICAL		X		DATE SIG	NED
	SIGNATI	· · · · · · · · · · · · · · · · · · ·	4.7	И	100		ASSOC	TATE MEDICAL	EXAMINER	□ 4,	/23/6	9	
_	NAME (1		nald N	. Ko	rnblum, M.D.	ALTERY	CREMATOR	V 1240	LOCATION	(C'h., haven		1c1	1010
	A. BURIAL CREA EMOVAL (Speci Buria	fy)	DATE	5 1					LOCATION	(City, town	17.		ote)
25	A. DATE REC'D		PT.		969-Loudo IAME OF REGISTRAR		2SC. FL	JNERAL DIRECT	OF S	A	DDRESS	•	
		D3 20 6	888 4		ag Int.	A.A.		JNERAL DIRECT	rling tw	isral Estat	e.		
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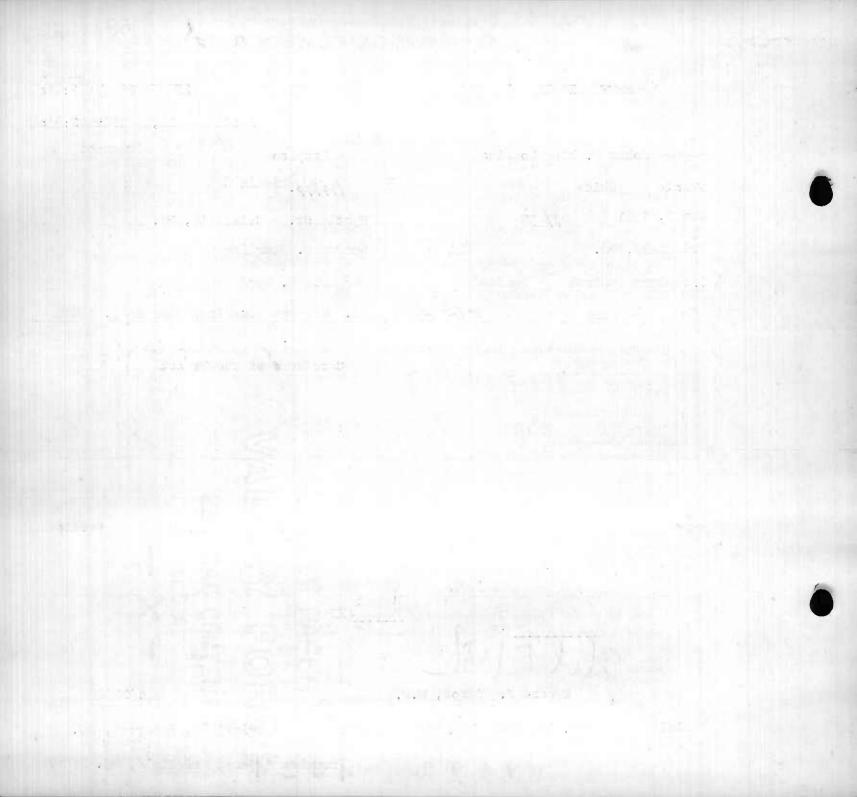
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69 4332

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIR	TH NO.		MILD	ICAL	LA	AMINALKS	LKIII	CAIL	. 01	DLAI	REG. NO		
	NAME OF DE	CEASED					2. DATE	Known	T.	Month	Day	Year	Haur
(Тур	e or Print)		DTOOTN	,			OF		ied 🗌				
4 5	LACE IN BAI		RIGGIN		ONOL	INCED DEAD	3. DATE	23111110		4 Month	23 Doy	69 Yeor	12:01a M.
	L NAME OF					N, GIVE STREET		DUNCED D	EAD	Month	Doy	1001	
HO:	PITAL		SS OR LOCA			N, OIVE SIKEE!				April	23.	196	9 12:01a M
OR	INSTITUTION						5. USUAL A. STATE	RESIDENCE	E (Where		ed. if institution B. COUNTY	n: residence	before admission)
	33 1	ohns Ho	nkine	Hoen	i to 1			Marril	and		B. COUNTY	Somer	set
6. 5		7. RACE				NEVER MARRIED	C. CITY C	Maryl	allu		D. INSIDE C	ITY LIMITS?	
					-					5.5.3		Total Control	
	emale	Whit		WIDOW		DIVORCED E	E CYPET	AND NUM		rerd	Y	ES X	NOL
	ATE OF BIRT		10. AGE (In	yeors ()	Months	er I Yr. If Under 24 Hrs. I Days , Haurs , Min.	E. STREET	AND NUM	MBEK			1	0 00
	ov 3, 1			37			Myrt	le St.	Cı	risfie	ld. Md.	6	1-27
11.	BIRTHPLACE (State ar foreig	n country)			IZEN OF		R'S NAME					
0	risfiel	d. Md.			W	LALCOUNTRY?	Gord	on C.	Ster	ling			
14A	USUAL OCCI	JPATION (Giv	e kind of work	148. KIND		ISINESS OR INDUSTRY	15. MOTH	ER'S MAID	EN NAM	AE .			
done	during mast of	warking life, ev	en ifretired)		_								
-	nventor				l'ood			aret W	• Wal	ra		DDDECC	
16. (Yes	WAS DECEAS , no or unknown	(If yes, give	wor or dotes	of service)	7. SOCIAL SECURITY NO.	18. INFO	IMAM			A	DDRESS	
ľ	No	None	3			14-28-3557	Mrs.	Margar	et St	terlin	g, Same	as 5.	ABCDE
	19.) 5 6	1 1				CAUSE OF DEA	TH						PPROXIMATE INTERVAL
П												DE I	WELH CHISET AND DEATH
П	DISEAS	LEADING TO		CILY									
	(This does	not mean the		ina e a		(A)IMMEDIATE O	AUSE C	arcino	ma of	f the	breast		
ш	heort foilure	e, osthenio, etc	. It means the	disease,		DUE IO, OK	AS A CONSE	QUENCEO					
	injury or co	mplicotian whi	th coused ded	ith.)									
	А	NTECEDENT	CAUSES			(0)							
	DISEASES	OR CONDITI	ONS, IF ANY	, GIVING		DUE TO, OR	AS A CONS	EQUENCE'	OF:				
	RISE TO TH	E ABOVE CA	USE (A) STAT	ING THE									
Z	ONDEREN	NO CONDII	OH EAST.			(c)							
CERTIFICATION			II						-				
ů		ATH BUT NO											
프	DISEASE O	RCONDITION	GIVEN IN PA	ART 1 (A).									
Ж	20A. DATE O	F OPERATIO	V 20B. CON	NOITION	FOR W	HICH OPERATION W	AS PERFOR	MED				21. AUTO	OPSY? (Yes or No)
O	2,												Partial
K	22A. EXTER	NAL CAUSE	WAS		22B. PL	ACE OF INJURY (e.g.,	in ar about	22C. WHE	RE DID	(If in Baltima	re City, give ex	act lacation)	
읝	UNDERLYING				home,	farm, factory, street, offic	e bldg., etc.)	INJURY O	CCUR?				
MEDI		AUSE OF DEA		\ /11	1 1225	INJURY OCCURRED		22E HOW	I D I D I I N	JURY OCCI	1100		
	OF INJURY	(Manth) (I	Day) (Year	·) (Hau	′		WHILE	221. 11011	ווין טוע.	JUNI OCCI	OKT		
	(APPROX.)				m. WC		ORK		- 4				
	23.		19					_					
		tify that I h		nquiry L		Inspection 🗌 PAu	tapsy X	X and th	nat an th	his basis,	death in my	apinlon	
	resu	ted from	latural cau	ses D	X Ac	cident Suicio	le 🗌 🔝	Homicide		Undetermi	ned manner		
П		1				1		CHIEF ME	DICAL	XAMINER			
	ACTUAL	Col	/, V	1	11).		SISTANT MI			XX		DATE SIGNED
	SIGNAT	TURE	A	J	V	M.D	٠.						
	EXAMIN		- 1				ASS	OCIATE MI	EDICAL E	XAMINER			
	NAME (rd F.		lson, M.D.	CDEMA	TORY	Tara	LOCATION	100	4/23/	
	A. BURIAL CRE MOVAL (Spec		248. DATE		240.	NAME of CEMETERY	or CKEMA	IORY	240.	LOCATION	(City, tov	vn, or county	y) (Stote)
	urial		Apr. 26	. 196	59 5	unnyridge Ce	emeter	v	Co	risfie	ld. Mom	erset,	Md.
_	. DATE REC'D		-			OF REGISTRAR		. FUNERAL				ADDRESS	124.0
20,		ADD W	a com	0.0		0 I.O							
		ALK A	& 1905,	Vica	water.	CO TONIONA	O B	radsha	N &	Sons,	Crisfie	ld, Mc	1. 21817
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69 4333 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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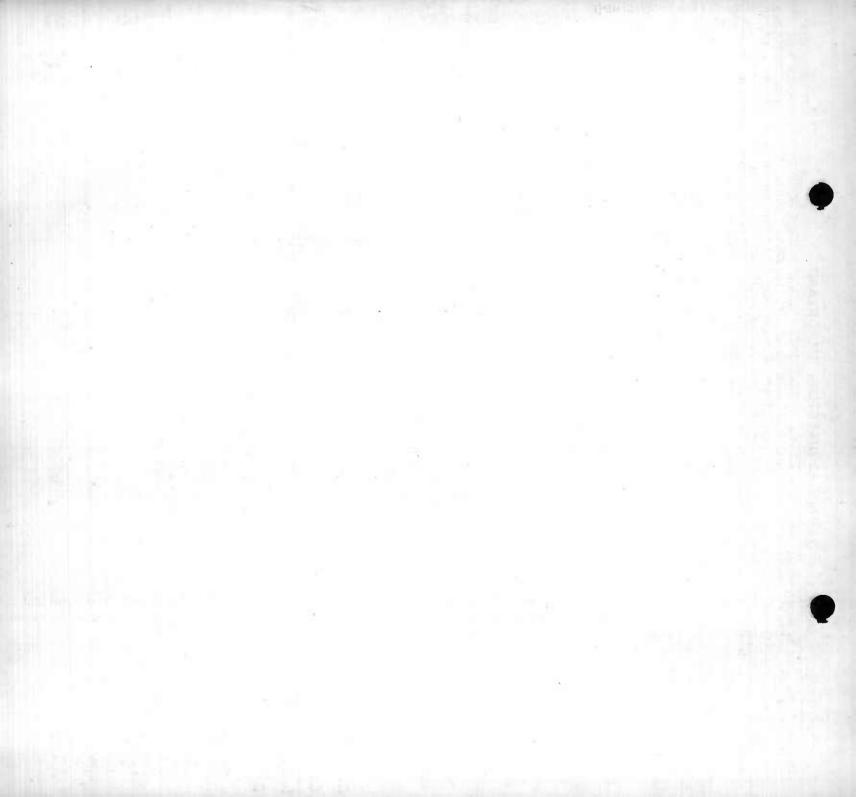
DIDTHAM		WEL	PICAL E	XAMINER'S	LERTIFICATE (OF DEAT	H REG. NO		4000
BIRTH NO.	CEASED				2. DATE Known X	Month	Day	Yeor	Hour
(Type or Print)		WILLIA	M Ste	phen Hays	OF DEATH Estimoted	- 4 4	· ·		M
4. PLACE IN BAI	TIMORE, MA	ARYLAND, V	VHERE PRON	OUNCED DEAD	3. DATE	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	AL OR INSTITUT	TION, GIVE STREET	PRONOUNCED DEAD	April			8:45 A.M
	Provid	dent Ho	spital	(DOA)	5. USUAL RESIDENCE (VA. STATE Marylan		B. COUNTY	esidence b	6-04
6. SEX	7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY	LIMITS?	
Male	Neg	gro	WIDOWED	DIVORCED .	Baltimo	re	YES	IX N	10 🗆
9. DATE OF BIRT		10. AGE (I		Under 1 Yr. If Under 24 Hrs. nths, Doys, Hours, Min.	E. STREET AND NUMBE	R			
June 10,	1919		19		809 N.	Monroe S	treet		
Baltimo:			12.	WHAT COUNTRY?	13. FATHER'S NAME William S	. Hays	1-1-1-		
			148. KIND OF		15. MOTHER'S MAIDEN	•			
Principa	working life, ev	en if retired)	Balto.			y S. Ster	ohens		
16. WAS DECEAS	ED EVER IN	U.S. ARMEI	FORCES?	17. SOCIAL	18. INFORMANT			RESS	
(Ye Yes	World	War 1	1	219-01-8130	Dorothy R. H	ays-809 1	N. Monroe	Stre	et
19. 5. 9	太太	X		CAUSE OF DEA	тн	315.7			ROXIMATE INTERVAL
DISEAS	E OR CONÉ	ITION DIRE	CTLY						
/21	LEADING TO			(A)IMMEDIATE	CAUSE Gunshot	wound of	head		
heort foilure	not mean the e, osthenio, etc mplication whi	. It meons the	e diseose,	DUE TO, OR	AS A CONSEQUENCE OF:				
	NTECEDENT		V CIVING	(8)	AS A CONSEQUENCE OF:				
RISE TO TH	OR CONDITI	USE (A) STA	TING THE	DOL 10, OK	AS A CONSCOUENCE OF.				
Z	NG CONDIT	ION LASI.		(c)					
OTHER SIGN	III CANT CO	II	ONITRIBUITING						CITY - 1
TO THE DE	ATH BUT NO	T RELATED TO	THE TERMINA						
	F OPERATION			R WHICH OPERATION W	AS PERFORMED		T	21. AUTOF	SY? (Yes or No)
8				N THICH OLENAHOLT TH	TERI ORMED				
₹ 22Å. EXTER	NAL CAUSE	WAS	1228	PLACE OF INJURY(e.g.,	in or obout 22C. WHERE I	DID (If in Boltima	re City, give exoct		No
UNDERLYING	OR CON	ITRIB-	hon	office	e bldg., etc.) INJURY OCCU	JR?	Mount &		/ /
¥ UTING ☐ CA		Doy) (Yeo	r) (Hour)	22E INITION OCCUPPED	22F. HOW DI	INJURY OCC		Mosite	I SLS.
OF INJURY (APPROX.)	4-21-			WHILE AT NOT	WHILE Shot se				
23.	4-21-	-07	J. UU Am.	WORK AT W	YORK EL BITOL SE	TT			
I cer	tify that I h	eld an I	nquiry 🗌	Inspection X Au	tapsy and that	an this basis,	death in my a	pinion	
resul	ted from: N	Natural cau	ses .	Accident Suicio	de X Hamicide	Undetermi	ned manner		
	01	7 0	()	1		CAL EXAMINER			
SIGNAT		41/3	J.C	2 gat M.C	ASSISTANT MEDIC	CAL EXAMINER	X		DATE SIGNED
EXAMIN	IER'S	Charles	S. Spi	ringate, M.D.	ASSOCIATE MEDIC	CAL EXAMINER	□ Apri	1 21,	1969
24A. BURIAL CRE	MATION,	248. DATE 4/25/1	2	4C. NAME of CEMETERY Baltimore Na		24D, LOCATION Baltimo		or county)	
Datrat		7/25/1	,,,,	DOTOTIOLE NO			e de la constant	~11U	Tell I
25A. DATE REC'D	BY HEALTH	DEPT.	258. NAM	E OF REGISTRAR	25C. FUNERAL DI			DRESS	A
	20 00	1969	000	2 Fra borner	Herbert E	Nutter	-3035 W.	North	Ave.
VS 151-REV. 1/1/6	B 33	1	47	7	40 0	- 13			
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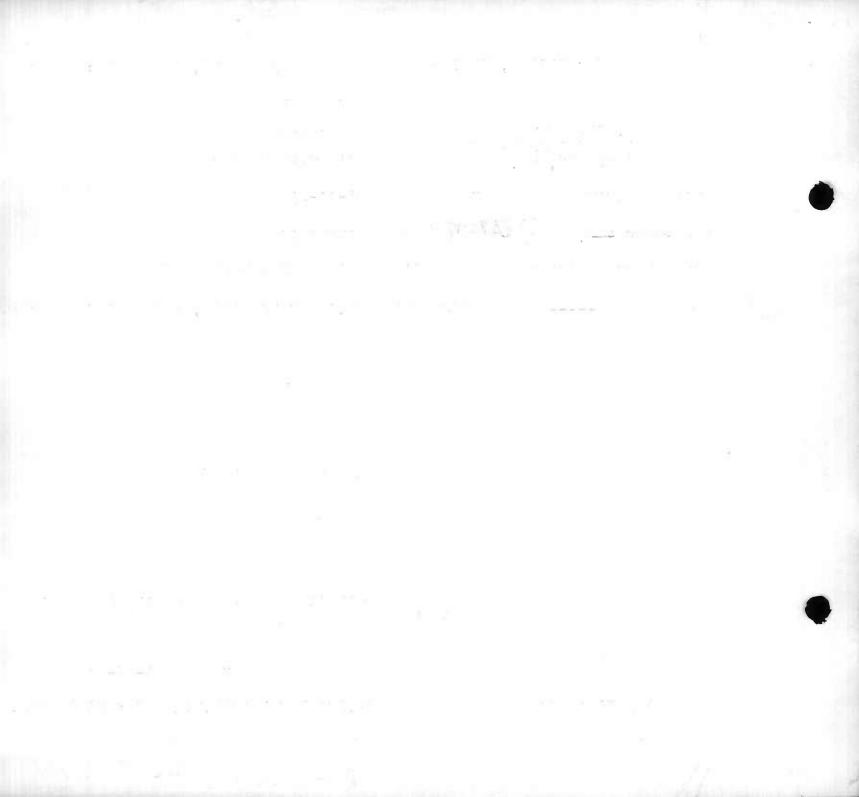
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



	BALTIMORE C	CATE OF DEATH A PEG NO 69 4335
	1000	ATE OF DEATH
(Ту	BUDREVICIUS, VINCENT	2. DATE AND HOUR OF DEATH APRIL 26, 1969 10:00 P.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution residence below admission A. STATE B. COUNTY
H	ULL NAME OF OFFITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	MARYLAND Balle & 53-00
N	ST. AGNES HOSPITAL	C. CITY OR TOWN BALT I MORE D. INSIDE CITY LIMITS? YES NO
	WILKENS & CATON AVENUE	E. STREET AND NUMBER
	BALTIMORE, M).	14 NUNNERY LAND
	MALE WHITE WIDOWED DIVORCED F	7 04-11-83 last dicthday) Manths Days Haurs Min.
don	NUSUAL OCCUPATION (Give kind al work 108, KIND OF BUSINESS OR INDUST A JUST A CLOTHONG TAJLOR **	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
E 1	JOSEPH BUDREVICIUS DEC'D	ELIZABETH BUDREVICIUS
Yes	Was Deceased Ever in U. S. Armed Forces? s,na ar unknown) Ut yes, give war ar dates at service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
_	NO 215 035 711	ST.AGNES HOSPITAL, WILKENS & CATON AV
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
	LEADING TO DEATH (This does not meen the mode of dying, e.g., OUI TO BE	AUSE Cary occurrence AS A CONSEQUENCE OF:
	heart loilure, asthenio, etc. It means the disease, injury ar complication which caused death.)	AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR	AS A CONSEQUENCE OF:
	rise Ia (he above cause IA) s(aling (he UNDERLY(NG CONDITION last. (C)	
z	II a	
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE TERMINAL	stinal obstruction
FIC	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIFIC		NO
اب	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g OR CONTRIBUTING CAUSE OF DEATH (natify medical examined) etc.)	office bldg., INJURY OCCUR? (If In Baltimare City, give exact location)
	OF INJURY (Manih) (Day) (Year) (Haur) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
٤	(APPROX.) While At Not Work At Work	hile —
	22. I certify that (1) (this hospital) attended the deceased from	APRIL 16 19 69 to APRIL 26 19 69
	that (1) (we) last saw the deceased olive on APRIL	26 1969 and that In(my) (our) opinion death occurred on the do
	ond hour ond from the couses stated obove. (1) (We) (did) (did not)	view the bady after death.
	23A. SIGNATURE A A	thending Med. Staff 771 1. 20 CO
	23C. PHYSICIAN'S DEGREE P	hys. Med. Director Phys. Med. 14-26-69
	ADOLFO ALONSO	ST. AGNES HOSPITAL, WILKENS & CATON AVI
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	EE!
	BURIAL 4/20/69 MOST Holy Rea	beenedom PALTO Md
25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF RECISTRAD	25C. FUNERAL DIRECTOR / ADDRESS
s 1	APR 2 9 1969 R. C. S. & Starley M. 150-REV. 1/1/68	O TRANA TIKENNY IN a Dasto Mg
-	two more in 16 MM	

FUNERAL DIRECTOR: IMPORTANT



VS 150-REV. 1/1/66

,	69	4.3.30	Y HEALTH DEPARTMENT	X REG. NO.	69 4336
BIRTH NO.		CERTIFICA	TE OF DEATH	NEG. 190.	
1. NAME OF DEC	CEASED Willi	am Colbert	2. DATE AN	NO HOUR OF DEATH	110
	Willam	Colbert SR.	4	4/25/69	16- PM
3. PLACE IN BAL	LTIMORE, MARYLAND, V	HERE PRONOUNCED DEAD	IIA. STATE B. COUN	re deceased lived. If inst	itution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET ATION)	MARYLAND C. CITY OR TOWN	HOWARD (E CITY LIMITS?
		us Hassassi	GLENWOOD		YES NO
IHE	JOHNS HOPKI	NS HOSPITAL	E. STREET AND NUMBER		153 140 1
. 5 5			LONGWOOD F	ARMS	
5. SEX	6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
MALE	NEGRO	WIDOWED IX DIVORCED X	7-13-22	lost birthday	Months Doys Hours Min.
IOA, USUAL OCC	UPATION (Give kind of work	108 KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
done during most of	working life, even il retired)				U.S.
Farm La		Horse Farm	Brooklandville		0.00
S PAINER'S NA	ME		14. MOTHER'S MAIDEN NA	ME	
S. Wos Deceosed Yes, no or unknown	Ever In U. S. Armed For (If yes, give wor or dole	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 1738
Yes	World War	II 229-34-7078	C.Oliver Golds	mith, Longwood	d Farms, Glenwood, M
18.	001	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEAS	SE OR CONDITION DI	RECTLY	3		BETWEEN ONSET AND DEATH
100	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE UNEWWO		
(This does r	nol mean the mode of asthenia, etc. II means	dying, e.g., DUETO OR AC	A CONSEQUENCE OF:		***************************************
injury or con	nplication which coused	deoth,)			
	ANTECEDENT CAUSES	in Metz	whate Care	Conoma	
DISEASES C	OR CONDITIONS, IF	any, giving DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	e abave cause (A) G CONDITION last	slaling the (C)			
	11	(-)	***************************************		
OTHER SIGNIF	FICANT CONDITIONS CO I'H BUT NOT RELATED TO TO	HE TERMINAL			
	ONDITION GIVEN IN PAR OPERATION 1198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES. WERE FIL	NDINGS CONSIDERED
2/	WAS PER	FORMED	405	IN CERTIFYING CAUS	SES OF DEATH?
21 A. ACCIDE	NT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
DEATH (notify	JTING CAUSE OF medical examiner	home, farm, factory, street, a	ffice bldg., INJURY OCCUR?	,	
21D.TIME OF INJURY	(Month) (Doy) (Year)		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Work At Work			
22. 1 certify	that (1) (this hospital) ottended the deceased from	4/18/69	10 4- 4	1/25 10 69
that (1) (we)	lost saw the decease	d alive on 4/25	-	at In (my) (our) opini	an death accurred on the date
ond hour one	d from the causes stat	red obove. (I) (We) (dld) (dld not) v	lew the body ofter death.		
23A. SIGNATU				2	38. DATE SIGNED
1	Dixase	— Phy	nding Med. Director	Staff Phys.	4/25/69
23C.PHYSICIA NAME (T	INES	DEGREE	23D. ADDRESS	,	1
NAME	David R	Case, Mis.	The Taleur	Kalekens	Kushino
24A. BURIAL CRE	MATION, 248, DATE	24C. NAME OF CEMETERY OF CR	EMATORY DAD IS	OCATION (City,	town, or county) (State)
REMOVAL					town, or county) (State) Laryland
Burial	April 30	1 100 DOT CTITIOT. A MARCT	Olian	AME OF HIGH O	and I would

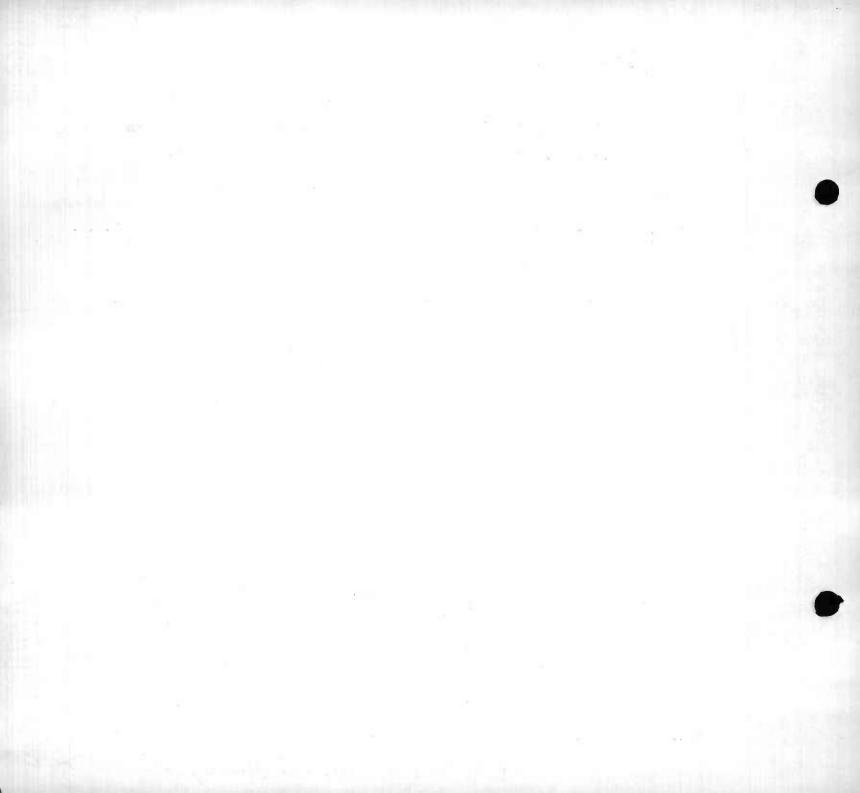
Ellicott Wity

25c. FUNERAL DIRECTOR HOWARD County Huneral Home of Harry Witzke



3	(b) RIPTH NO 69 433		HEALTH DEPARTMENT TE OF DEATH	REG. NO	69 4337
	I.NAME OF DECEASED	CERTIFICA			
	(Type or Prot)	MAURICE	8	ND HOUR OF DEATH	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE (Wh.	ere decoused lived. If institu	nion: rosidenco before odmission)
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION)	ION, GIVE STREET	MD_	u.	11-02
1	INSTITUTION		C. CITY OR TOWN		CITY LIMITS?
1	MD GEN HOLP -		E. STREET AND NUMBER	YE	S NO
1	110212			EDRAL ST	
	5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		
	M WIDOWED K	2 DIVORCED	12/16/95	lost birthday) M	Under 1 Yr. If Under 24 Hrs. onths Doys Haurs Min.
	tOA, USUAL OCCUPATION (Give kind at work 108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State at fore		2. CITIZEN OF WHAT COUNTRY?
ı	RETIRED		Washing and a		USA
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	3233	
	WALTER FITZMAURI	CE	BECCIE		KELLY
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yos, give war or dotos of sorvice)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
\parallel	UNKNOUP :	215-10-8124	DELEO	MO.	GEN. HOSP_
	18. /3 /1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	(A) IMMEDIATE CAUS DUE TO, OR AS A	CONSEQUENCE OF:	SHOCK	12 HRS -
Н	injury or camplication which caused death.)				
1	ANTECEDENT CAUSES	(B) CHO (A CONSEQUENCE OF:		24 HRS-
	DISEASES OR CONDITIONS, if any, giving tise to the abave cause (A) staling the UNDERLYING CONDITION last.		LECYS TITI	2	3
I	- 11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING [7]	ICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FINDI	INGS CONSIDERED OF DEATH?
	OR CONTRIBUTION OF THE	ACE OF INJURY (e.g., in farm, factory, street, affi	or about 21 C. WHERE DID	(If In Baltimare City	y, give exact location)
$\ $	O 21 D. TIME (Month) (Day) (Year) (Haur) 215 IN	JURY OCCURRED	21F. HOW DID INJ	Way 0.00	
	OF INJURY (APPROX.) While Wark			URY OCCUR?	
II	22. I certify that (I) (this hospital) attended the	deceased fram	4118	19 69 to 41	25 19 69
	that (I) (we) last saw the deceased alive an	4125	40		death occurred on the date
l	and haur and fram the causes stated above. (1) (We) (dld) (dld nat) yl			
	23A SIGNATURE	Attend			DATE SIGNED
I	23C. PHYSICIAN'S	11 The Beckee Phys.	Director L	Shaff Phys.	4125/69
I	DNAME Typol	MD		Turnitan	
	24A BURIAL CREMATION, 124B, DATE 124C, NAM	E of CEMETERY OF CREA	Md. Genera	-	
	REMOVAL (Specify)	aine Park Cen		• •	wn, or county) (Slote)
	25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF I			timore, Md.	
	APR 29 1969 1 5 2	Stalle, MA	Witzke, 410b	dmondson Ave.	, 21229
1	/S 150-REV. 1/1/68				



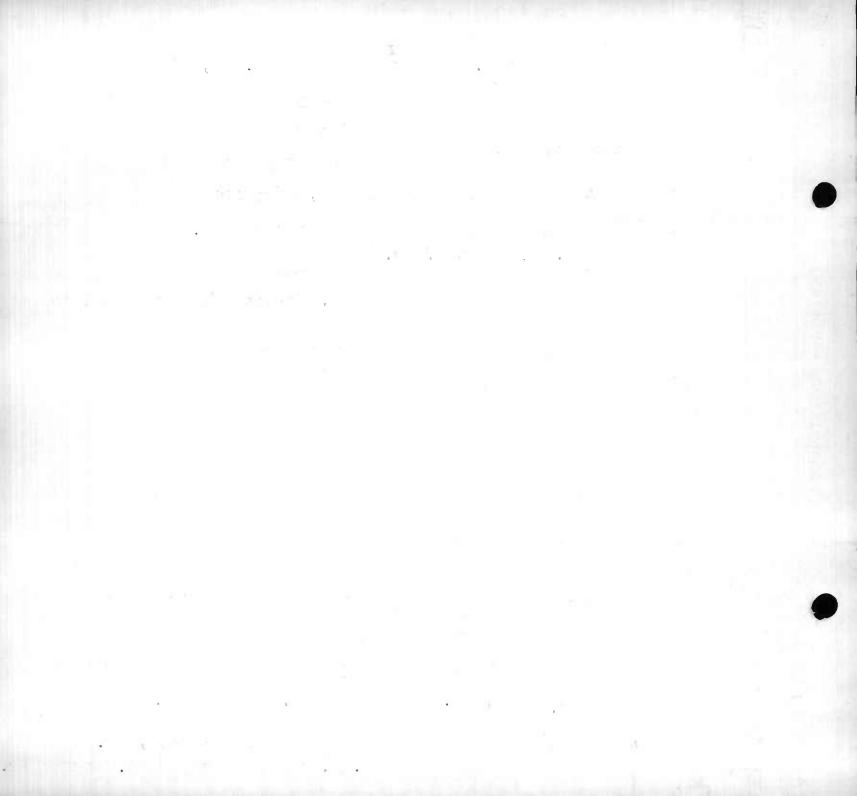


. 69 433	BALTIMORE CITY	HEALTH DEPARTMENT		69 4339
BIRTH NO. 69-07594	CERTIFICA	TE OF DEATH	REG. NO.	33 1239
(Type or Pant) Son Bak	1000	Pan de 2 de ani	D HOUR OF DEATH	915/0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	4. UPUAL RESIDENCE (When	deceased lived, If institu	lion: residence belone admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	Marul	en	5-11
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
Bull 1	,/	E, STREET AND NUMBER	e YE	S NO
The John Hopkins	Haspital	130 Augu	ath St a	let ac
5. SEX C. RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH		Under 1 % If Under 24 Hrs. onths Doys Hours Min.
TOA. USUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE (State or foreign	membern 1:	2. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		md		
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	NE.	
Samuel Claw	neil	mary (wreten)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
The same of the sa				
18. 776, 91	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Parameter -	Cardiac arres	I / hour 40mi
(This does not meon the mode of dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	-aracae cover	a / nous /vmi)
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		4		
ANTECEDENT CAUSES	(B) Pre	maturity		
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the	DUE TO, VOR AS	A CONSEQUENCE OF:		**************************************
UNDERLYING CONDITION last.	(C)	******************************		
- II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198-CONDITION FOR WWAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND	INGS CONSIDERED
EN LA LA LA LA LA LA LA LA LA LA LA LA LA		yes YES	IN CERTIFYING CAUSES	OF DEATH? NO
U 21A- ACCIDENT WAS UNDERLYING 218. F 100 CONTRIBUTING CAUSE OF 100 CONTRIBUTING CAUSE OF 100 CONTRIBUTING 100 CO	LACE OF INJURY (e.g., In form, fectory, street, of	or obout 21 C/WHERE DID	(If to Boltimore Cit	y, give exact location)
S IOF (NJURY	NJURY OCCURRED	21F. HOW DID fNJU	RY OCCUR?	
(APPROX.) While	At Work	' 🗆 📗		
22. I certify that (i) (this hospital) attended the				19
that (i) (we) last saw the deceased alive an		19and tha	t in (my) (our) opinian	death accurred an the date
and haur and fram the causes stated above. (1)	(We) (did) (did nat) vi	ew the bady after death.		
23A. SIGNATURE	Au	4. — 11 —		DATE SIGNED
Hary Kenheliphy	DEGREE Phys.		hys.	1/27/69
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	1 6 11	10
GARY CACHELETSKY	DEGREE OF COME	Johns	Less miles	utar
KEMOVAL (Specify)	ME of CEMETERY of CRE		• •	own, or county) (Stole) ay Balto., Md.
Cremation 4/28/69 The 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF	Johns Hop	25C. FUNERAL DIRECTOR	L M. BLOACW	ADDRESS
APR 29 1908 0 220-4	dallen M	4 SISBILL	I TIME 084.	Wanter
V\$ 150-REV. 1/1/6B				



G.W.B.S. W. Asign E.W. Staff and W. S. E.W.D.

VS 150-REV. 1/1/68



Such

	0	0	BALTIMORE CITY	HEALTH DEPARTMENT		00 10.5
	b	9 43	12 CERTIFICA	TE OF DEATH	REG. NO	69 4342
BIRTH NO.			CERTITION		AND HOUR OF DEATH	
(Type of Print)	rances Hedgma	n Ball			1 24, 1969	12:30
3. PLACE IN BA	LTIMORE, MARYLAND, V	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If	institution: residence before admis
FULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITU	JTION, GIVE STREET	Maryland		11-021
NSTITUTION				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
171	Jenkins M			Baltimore		YES X NO
91	1000 Cato			E. STREET AND NUMBER		
1 '	Baltimore	, Maryla	nd 21229	608 Cathedral		
. SEX	6. RACE		NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
Female	White	WIDOWED		April 22, 1896		The survey of the survey south
	f working life, even if retired)	KIND OF	BOSINESS OK INDOSIKI	II. BIKIMPLACE (Stote of I	oreign country)	12. CITIZEN OF WHAT COUN
School t	eacher	School	(PUBLIC	Maryland		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME	
Isaac La	nek Bell			Frances Cathe	rine Hedoman	
5. Was Decease	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	Healman	ADDRESS
res, no or unknow	n) (II yes, give wor or dot	es of service)	SECURITY NO.			
No	1		216-20-8578	Jenkins Memo	rial Hospita	
18. 4/	2,41		CAUSE OF DEAT	Н		APPROXIMATE INTERV
DISEA	SE OR CONDITION DI	RECTLY		r. L	11. + =	- 7
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE CONGEST	ve Heart F	Allare 3 mos
	not mean the mode of , osthenio, etc. It means			A CONSEQUENCE OF:		
	mplication which coused			1 - 17		
	ANTECEDENT CAUSES	5	(4)	7. S C, V, I	2	UPAVS
DISEASES	OR CONDITIONS, if	ony, giving	(B)	A CONSEQUENCE OF:		
rise to t	ne obove couse (A)		E	Dailsonsu		1 Le Av
UNDERLYIN	G CONDITION lost.		(C)	1011-130		
7	II					
	IFICANT CONDITIONS CO TH BUT NOT RELATED TO T		05.	to ArThr	ut is	year
	CONDITION GIVEN IN PAI	RT 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IE VEC WERE	E EINDINGS CONSIDERED
19A. DATE O		FORMED	VHICH OFEKATION	20%. AUTOPST: (Tes of	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A ACCID	ENT WAS UNDERLYING	7 218	DI ACE OF INITIDATE	n at about 21C WHERE DID	/// In Palaine	ore City, give exact location
OR CONTRIE	ENT WAS UNDERLYING [BUTING [] CAUSE OF by medical examinat	hom etc.)		n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR	(It in Bollima	ore City, give exoct location;
U						
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		NJURY OCCUR?	
(APPROX.)		Whi	le At Not While	e		
22 1	y that (🌶) (this haspito	I) attended the	a deserved from	750 At	19 68 to 2	4 AM 19 6
A			a coceased from	7710		/
that (4) (we) lost sow the decease	ed olive on	T. II. YN	19 <u>G</u> ond	that in (mgp) (our) of	pinion death occurred on the
ond haur or	nd from the couses sto	ted obove.	(We) (did) (did not)	riew the body after deot	h.	
23A. SIGNAT	URE		AN			23B, DATE SIGNED
	Colphy	M	A And Dh.	ending Med. S. Director	Staff Phys.	24 Am 67
23C. PHYSICI	AN'S	100	DEGKEE	000 400000	ins Memorial	Hoenitel
NAME (м. р			
RALPH .	E. UPDIKE	DAG NE	M. D. DEGREE	EAA ATORY 1240	Caton Avenu	City, town, or county) (Star
REMOVAL		24C. N7	TIVE OF CEINETERS OF CK	240	. COCATION (City, lown, or country? (310)
BURIAL	4/26/	69 LEW	INSVILLE (CHURCH M	CLEAN. VA	
	D BY HEALTH DEPT.	258. NAME C	OF REGISTRAR	25C. FUNERAL DIRECT	OR /	ADDRESS
	Read & S See	129 Go	2) Jakowan	Millean	by you do	5 Maluet A1
/S 150-REV. 1/1	/6B			11 4 4 4		

the second one facebage with extending

542	69 4343 CERTIFICATE OF DEATH AND BEGING 69 4343
and sed the the	BIRTH NO.
_ 0 B _ N	1. NAME OF DECEASED (Type or Print) Lawid Samuels 2. Date and Hour of Death 4-25-69 62 AM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
hos Jse (5) de de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PA C. CITY OR TOWN D. INSIDE CITY LIMITS?
ring of the state	Mercy Hospital E. STREET AND NUMBER
br a br	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors III Under 1 Ye., if Under 24 Hrs.
confriktermin regul	WIDOWED DIVORCED W MAY 24 101 St birthday) Months Doys Hours Min.
in dec	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
was was	13- FATHER'S NAME 14. MOTHER'S MAIDEN NAME
directly (4)	DAVID G. SAMUELS LILLIAN M. NEUMAN
ind; leath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 527 CENTER ST. ADDRESS
4.001	D.B. SNYDER BETHLEHEM. PA.
nde	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY
no the	LEADING TO DEATH
pron lar bair	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) DUE TO, OR AS A COASEQUENCE OF:
Pro Die	ANTECEDENT CAUSES Acute Myora Hall Sula La
2 dre	DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stoting the
V)	UNDERLYING CONDITION last. (c)
rne remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Detore	IN IN BOILING CALLES OF LIVE O
btained b	DEATH (notify medical examines) DEATH (notify medical examines) DEATH (notify medical examines) DEATH (notify medical examines) OF INJURY OF INJURY OF INJURY (APPROX.) Not While At Not While
stai	Work At Work
must be ob	22. I certify that (1) (this haspital) attended the deceased from 1969 to 1969 to 1969 that (1) (we) last saw the deceased alive on 1969 and that in (2) (any aninton death account on the last
	that (we) last saw the deceased olive on
	23K. SIONATURE 23B. DATE SIGNED
	Attending Med. Stoff W 1/25/00
	23C. PHYSICIAN'S NAME (Type) MANUELA M. RIBEIRS I M.D. MERCY HOSPITAL
no oldan no ma	24A-/BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	RURIAL 4/29/69 NISKY HILL BETHLEHEM. PA.
1	25A. DATE REC'D AV HEALTH DEPT. 25B. NAME OF REGISTRAR. 25C, FUNERAL DIRECTOR
1	VS 150-REV. 1/1/68

Heart Block . Debotlables top no human W425

69 4344 BALTIMORE CITY HEALTH DEPARTMENT

ICAL	EXAMINER'S	CERTIFICATE OF	DEATH	69	434
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RII	RTH NO.		MEL	ICAI	. E/	CAMINER 5	LEKIIF	CATE	JF DEA	REG. NO)		
=	NAME OF DEC	FASED		_			2. DATE	V [1 14	D -	V	To.	
	pe ar Print)		RROLL	UTTO	TAT		OF	Knawn L	Manth	Day	Year	Haur	
4						UNICED DEAD	DEATH	Estimated					A . M.
	PLACE IN BALT LL NAME OF						3. DATE	UNCED DEAD	Manth	Day	Year	Haur	
HC	SPITAL	ADDRE	SS OR LOCA	TION)	HIUHC	ON, GIVE STREET		OTTOLD DEAL	April	27, 19	69	6:04	A . M.
OR	INSTITUTION							RESIDENCE (V	Vhere deceased			befare admi	ssion)
	LUT	HERAN	HOSPIT	AL			A. STATE	Maryla	nd	B. COUNTY	1701	6.3	400
6.	SEX	7. RACE		B. MARI	DIED [TAILUED MADDIED [C. CITY O		alla	D INSIDE	CITY LIMITS?	- W	- 9 9
	Male	Whit	e		_	7 —		onsville			-		
				WIDOV							YES L	NOU	
y.	DATE OF BIRTH		10. AGE (I	years		der 1 Yr. If Under 24 Hrs. hs, Days, Haurs, Min.		AND NUMBE					
11	49 5,19	15/		.,11			58 G	arden Ri	ldge Roa	d 2/2	-28		
11.	BIRTHPLACE (S	tate ar fareja	n country)			ITIZEN OF	13. FATHE	R'S NAME	-1 -				
		Md			l w	HAT COUNTRY?	Re	V U	11/50 N	/			
144	USUAL OCCU	PATION (Giv	e kind of work	148. KINI	OF B	SUSINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN	NAME				
dan	e during mast of w	arking life, ev	en ifretired)				M	1ARI	SMI	,76			
16	WAS DECEASE	ED EVED IN	II S ADMER	FORCE	62	17. SOCIAL	18. INFOR	MANIT	21/1		ADDRESS		
(Ye	s, na ar unknawn)	(If yes, give v	var ar dates	of service)	SECURITY NO.	I INFOR	MAIN			ADDRESS	0/	OlH
_	NO					220-58-1991	11/1/	ey sin	1/6	580	MRden	Kidge	Kd 2
	19.	351	X			CAUSE OF DEA	TH	•				PPROXIMATE II VEEN ONSET A	
	DISEASI	E OR COND	ITION DIRE	CTLY		Gunshot	tround	of Abdom					
		LEADING TO				(A)IMMEDIATE C		or Abdon	ieii				
	(This does no	at mean the	made of dy	ing, e.g.,		DUE TO, OR		QUENCE OF:					****
		plication which											
		NTECEDENT				(8)	AS A CONS	QUENCE OF:				~~~~~~~	
	RISE TO THE	ABOVE CAL	USE (A) STA	TING THE		DUE 10, OK	AS A CONSI	QUENCE OF:					
z	UNDERLYIN	IG CONDITI	ON LAST.			(C)							
CERTIFICATION			11	_									
X		IFICANT CON	ADITIONS C										
E		CONDITION				100000000000000000000000000000000000000							***
RT	20A. DATE OF	OPERATION	1 208. COI	NOITION	FORV	WHICH OPERATION WA	AS PERFOR	MED		-	21. AUTC	PSY? (Yes	or No)
$\overline{0}$	2.											MOC	
A	22A. FXTERN	VAL CAUSE	WAS		228 P	LACE OF INJURY(e.g.,	in or about	22C WHERE P	ID (If in Rolling	ara City, siya a	vact lacation)	yes	
MEDICA	UNDERLYING				ham e,	form, factory, street, affic	e bldg., etc.)	INJURY OCCL	IR?		xuci iucununj	11	
퓌	UTING CAL				1 100	Living			ntalou :			16 -0	3
_	OF INJURY,		(Year			E.INJURY OCCURRED		ZZF. HOW DIE	INJURY OCC	UR?			
	(APPROX.)4-	27-69	3:3) A.	m. W	ORK NOT	ORK X	Gunshot	wound	of Abdor	nen		
	23.			-									
	I certi	ify that I he	eld an I	nquiry L		Inspection Au	tapsy X	ond that	on this bosis	, deoth in m	y opinion		
	result	ed from: N	atural cou	ses	Ac	cident Suicid	le 🗌 💾	omicide X	Undeterm	ined manner			
	1195)	1.1	1	, 1		CHIEF MEDIC	AL EXAMINER				
	ACTUAL	IDE / /	huld	01/0	hu	John was	ASS	ISTANT MEDIC	AL EXAMINER	x		DATE SIG	NED
	SIGNATU			1/-		M.D		OCIATE MEDIC	AL EXAMINER		4/27/6	9	
	NAME (T)		nald N	Kor	nh1	um, M.D.	ASS	OCIATE MEDIC	AL EXAMINER	_	1,21,0		
24.	A. BURIAL CREW	AATION. 2	48. DATE	,		NAME of CEMETERY	or CREMAT	ORY :	AD. LOCATION	(City, tay	wn, ar caunty) (Sta	ite)
RE	MOVAL (Specif	y)	11/20	119		1.7 1 /	300 20		Da			na	1
	BURIA		71301	-	/	-/	eM		BA			1/0	1-
25.	A. DATE REC'D I	BY HEALTH I	10000	258. N	IAME	OF REGISTRAR	25C.	FUNERAL DIR	ECTOR		ADDRESS	/ 1	. 01
	3	1 1 0 0	1209	I Ce	5	E. Stankerta	. 6	· & 266	e nols	36	1 Treats	enck	Va
/S	151-REV. 1/1/6B	1/	30 0		7 %	An	9-4	0 5	O' Jan C		4	26	

MARY SHITH 2 TO JAHA WHAY SIMITH ST STEPHEN PORT

69 4345

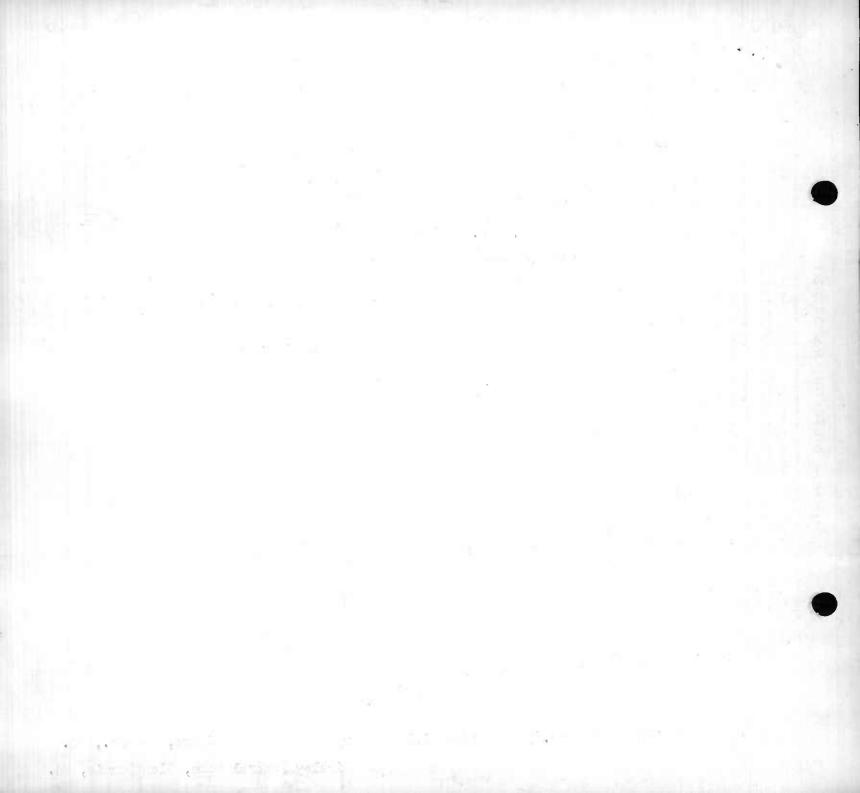
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH,
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BIRTH NO.							REG. IVC			
1. NAME OF DECE				2. DATE OF	Known 🔼	Month	Day	Yeor	Hour	
JOHN F. SEIBERT					Estimoted	April	24, 1	1969	11:05	AM.
4. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTI TION)	ION, GIVE STREET		INCED DEAD	April		L969	11:05 before odmissi	
4) s	t. Agnes Hos	pital		A. STATE	Maryland	В.	Anne	Arunde	1 52	-00
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN	1		CITY LIMITS?		
Male	White	WIDOWED			Hanover			YES 🗌	NO X	
9. DATE OF BIRTH	10. AGE (In lost birthdo	y) Mon	nder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.		ind number 160 Chesar	onko T	railar	Court		
9 June 19	ote or foreign country)		CITIZEN OF	13. FATHER		cake 1.	Latter	. Court		
		,	WHAT COUNTRY?	10.17411121						
Baltim	ore, Marylan	d	USA		Frederick	Se	ibert			
14A.USUAL OCCUP	ATION (Give kind of work orking life, even if retired)	14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHE						
Carpent		Co	nstruction		Irene B	attee				
16. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	17. SOCIAL	18. INFORM	MANT			ADDRESS		
NP	If yes, give wor or dotes	of service)	SECURITY NO.	Conne	Hall Sei	hout u	d fo	cama ac	. 5	
Yes 1192	WW 2		215-03-4758 CAUSE OF DEA		HALL DEL	DOT OF M	440	A	PPROXIMATE INT	
1 2- 9	5 D /		0,1002 01 027					BETV	WEEN ONSET AN	D DEATH
	OR CONDITION DIRE	CTLY								
	EADING TO DEATH		(A) IMMEDIATE O		Gunshot wo	ound of	head			
	t meon the mode of dy osthenio, etc. It meons the		DUE TO, OR	AS A CONSEQ	UENCE OF:					
	plication which caused de-				200					
	TECHDENIX CAUCEC									
	TECEDENT CAUSES R CONDITIONS, IF ANY	GIVING	(B)	AS A CONSE	QUENCE OF:					
RISE TO THE	ABOVE CAUSE (A) STA	TING THE								
Z	G CONDITION LAST.		(c)							
19	- II									
∥♀∣ TO THE DEA	FICANT CONDITIONS C TH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMINAL					\$ & & & & * * * * * * * * * * *			
20A. DATE OF			WHICH OPERATION W	AS PERFORN	ED			21. AUTO	OPSY? (Yes or	No)
Ö									NT -	
₹ 22A. EXTERN	IAL CAUSE WAS	1228	DIACE OF INITIDY	in or about 2	2C WHERE DID (If in Rollimore	City give	exact location)	No	
UNDERLYING	OR CONTRIB-	hom	PLACE OF INJURY(e.g., e, form, foctory, street, office	e bldg., etc.)	NJURY OCCUR?	ii iii boiiiiiiore	City, give e	exocrioconony	000	-09
□ UTING □ CAL	ĴŜE OF DEATH.		Trailer		160 Ches	apeake	Trail	ler Cou	rt	
OF INJURY	Month) (Doy) (Yeo	, , , ,	22E.INJURY OCCURRED		2F. HOW DID IN.	URY OCCUR	3			
	-24-69			WHILE VORK	Apparent1	v shot	self			
23.										
I certi	fy that I held on I	nquiry 📙	Inspection X Au	itopsy 🔲	ond that on th	nis bosis, d	eoth in m	y opinion		
resulte	ed from: Notural cou	ses 🗌 . A	Accident Suici	de X H	omicide 🔲	Undetermine	ed monne	r 🔲		
	an n	0		-	CHIEF MEDICAL E	XAMINER [
ACTUAL	(V. X	1	-		STANT MEDICAL E		X		DATE SIGN	ED
SIGNATU	RE MASS	1.00	M.I.),			=		/ 1000	
EXAMINE NAME (T)	OHGTICS	Landa Value	ngate, M.D.		OCIATE MEDICAL E		A	April 2	4, 1969	
24A. BURIAL CREM REMOVAL (Specify		2	4C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, to	own, or county	y) (Stote	e)
Burial	28 Ar	r. 69	Baltimore Na	tional	Cem. B	altimor	e . M	aryland	3	
25A. DATE NEC'D			E OF REGISTRAR	25C.	FUNERAL DIRECTO	OR		ADDRESS		
	1000	O Bull	Ly Tulley's	K	rkley Fun	eral Ho	me, G	len Bur	nie. M	d/
VS 151-REV. 1/1/68	1/ 8 0	4-1			001					V

TO THE STATE OF Half bushand beneathful notice and the formation of the contract of th 25 Apr. 69 Pelbirers Whitesh Com. - willings, Maryland

the state of the s

CINI	BALTIMORE CITY HEALTH DEPARTMENT
4004	BIRTH NO. 59 4346 CERTIFICATE OF DEATH REG. NO. 69 4345
dea eas n +	1. NAME OF DECEASED (Type or Print) ALIN DINOFF 2. DATE AND HOUR OF DEATH April 26, 1969 4:30 AM N. N. N. N. N. N. N. N. N. N. N. N. N. N
use of ; (5) Dec dance o death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence below admission) A. STATE B. COUNTY 506 Batto, Annapolis Blod. Blen Burnie
se; (s inda to d	HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
rior	University of Maryland Hospital Slen Dune VES NO E. STREET AND NUMBER 506 Date. annapolis Blost.
maae	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) WIDOWED DIVORCED 1889 18 90 Months: Doys Hours Min.
	TOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	dona during most of working life, even if relired) Railroad Worker B. & O. Railroad 14. MOTHER'S MAIDEN NAME
	UNK. UNK.
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 705-12-5398 MRS ARIE TTE COOK SAME PS 4
	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUFTO OR AS A CONSEQUENCE OF:
	heart failure, asthema, etc. It means the disease, injury at camplication which coused deoth.)
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF
	UNDERLYING CONDITION loss. (c) Clotte Cineurs beature
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a).
	198. CONDITION 198. CONDITION FOR WHICH OPERATION 2004. AUTOMY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF MJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	22. I certify that (I) (this hospital) attended the decreased from 4 24 1969 to 4 26 1969
	that (I) (we) lost sow the deceased alive on 4/26 19.67 and that in (my) (our) opinion death occurred on the dat and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.
	23A GIGNATURE 23B. DATE SIGNED
	23C.PHYSICIAN'S NAME (Type) AND ADDRESS AD
	OEGREE .
	REMOVAL (Specily) Burnial 20 Ann 60 Coden Usin Comment
	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS RIPLEY FUNERAL DIRECTOR Home, Glen Burnie, Md.
	VS 150-REV. 1/1/6B



m-252

69 4347 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

6	9	4	3	4	1 0

BIRTH NO.	REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) GRACE ROBERTA MCMEIKAN	OF DEATH Estimoted April 26, 1969 9:30 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD April 26, 1969 9:30 P.M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
215 E. Montgomery Street	A. STATE Maryland B. COUNTY 22-01
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.	E. STREET AND NUMBER
1895	215 E. Montgomery Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Md. WHAT COUNTRY?	Robert McMeikan
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
dane during most of warking life, even if retired)	O
Housewife 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Grace - 18. INFORMANT ADDRESS -07
(Yes, no or unknown) (If yes, give wor ar dates at service) SECURITY NO.	-61
NO CAUSE OF DEA	Rev. C. W. Crooks 6508 Timberview Dr.
7/2/1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteri	osclerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE C	CAUSE
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	**************************************
DISEASES OR CONDITIONS, IF ANY, GIVING PUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I I IINDERIVING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes ar Na)
	no
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in ar obout 22C. WHERE DID (If in Boltimore City, give exact location) e bldg., etc.) INJURY OCCUR?
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, foctory, street, office uting Cause of Death.	e bidg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE
23. m. WORK AT W	/ORK
I certify that I held an Inquiry Inspection & Au	tapsy and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suicic	de Hamicide Undetermined manner
Accident Land Land Land Land Land Land Land Land	CHIEF MEDICAL EXAMINER
ACTUAL A LA SAVA	DATE SIGNED
SIGNATURE OF THE MEDICAL MEDIC	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Burial 4/29/69 Woodlawn C	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C. FUNERAL DIRECTOR ADDRESS
APR 29 1969 Robert E. Jarken	JOHN For DENNY, INC. 715 Light St.

W = = 0

VS 150-REV. 1/1/68

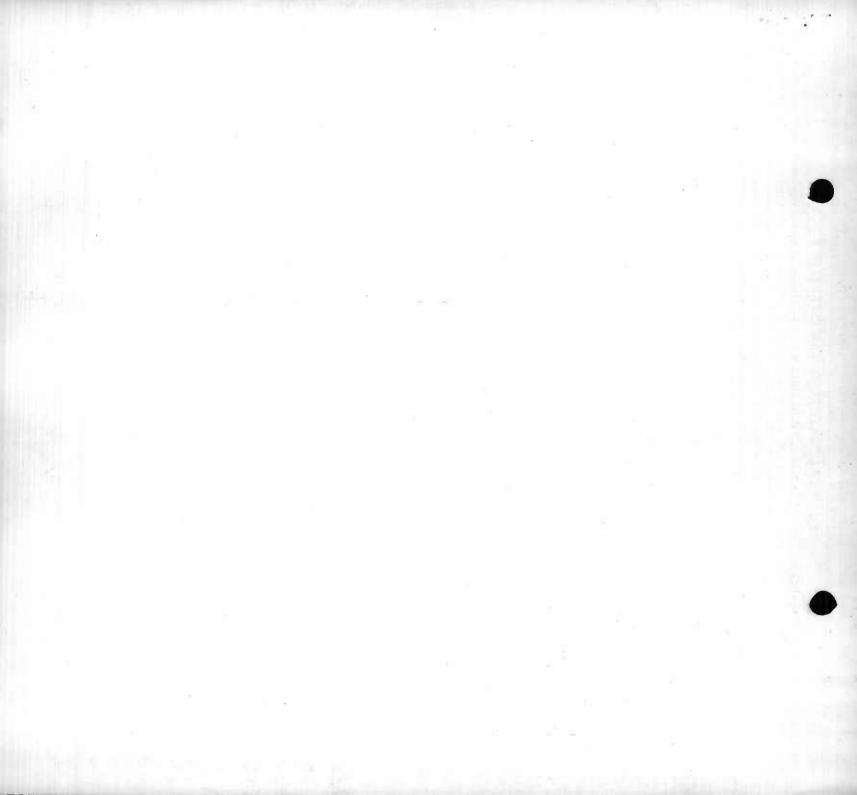


BIRTH NO.		WEL	ICAL E	XAMINER'S	LEKIIF	ICATE OF	DEAT	H REG. NO.			
I. NAME OF DECEASED					2. DATE	Known X	Month	Doy	Yeor	Hour	
(Type or Print) CLARA J. ORSBURN					OF DEATH	Estimoted	April	25, 19	969	7:00	А. м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF	(IF NO	TIN HOSPITA	AL OR INSTITU	TION, GIVE STREET	PRONO	DUNCED DEAD	Apri1	25, 19	969	7:00	Δ
OR INSTITUTION	ADDRE	SS OR LOCA	IION)		5. USUAL	RESIDENCE (When					
	Jnion M	emoria	1 Hospi	tal	A. STATE	Maryland		B. COUNTY	27	-59	
6./SEX	7. RACE		B. MARRIED	NEVER MARRIED	C. CITY O	R TOWN		D. INSIDE C	ITY LIMITS?		
Female	Whi	te	WIDOWED	DIVORCED [Baltimor	re	Y	res X	NO 🗌	
9. DATE OF BIRT		10. AGE (In		Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.	E. STREET	AND NUMBER				114,14	
Oct 11,		86				4228 Loc	ch Rave	n_Boule	vard		
11. BIRTHPLACE (S	State or foreig	in country)	12.	CITIZEN OF	13. FATHE	R'S NAME					
Mary.				WHAI COUNTRY?		J. Rams	_	sburn			
done during most of				BUSINESS OR INDUSTR							
Secre			Aucti	on Company	E1:	La Calho	un				
16. WAS DECEAS	ED EVER IN	U.S. ARMEI	FORCES?	17. SOCIAL SECURITY NO.	IB. INFO	MANT		A	ADDRESS		
No)(II yes, give .	*O1 O1 G0163	or service,	217-01-183	Mrs.	W.T.Jac	kson,	Bel Ai	r, Md.	210	14
19.5 6 /	47			CAUSE OF DEA	ATH					PPROXIMATE I	
DISEAS	E OR COND	ITION DIPE	CTLV								
	LEADING TO		CILI	(A)IMMEDIATE	CAUSE	Multiple	iniuri	96			
	ot meon the			DUE TO, OR	AS A CONSE	QUENCE OF:		<u> </u>			and according to the late of the life of
	nplication whi										
	NITECEDENIT	CAUCEC									
DISEASES	NTECEDENT OR CONDITI	ONS. IF ANY	Y. GIVING	(B) DUE TO, OR	AS A CONS	EQUENCE OF:				M	
RISE TO TH	E ABOVE CA	USE (A) STA	TING THE								
Z	10 00110111	OIT LASI.		(C)							
OTHER SIGN TO THE DE. DISEASE OF	NIFICANT CON	II	ONITRIBUTINI	0 1							
O THE DE	ATH BUT NOT	RELATED TO	THE TERMINA		CVI						
204 DATE OF	CONDITION	_		R WHICH OPERATION W	AS PERFOR	MED			21 ALITO	OPSY? (Yes	or No)
B S S S S S S S S S S S S S S S S S S S	OI EKANOI	1 200. CO	TIDIII OIT I O	K WINCH OF EXAMON V	AJ IEKI OK	MED .			211 7010		
₹ 22A. EXTER	NAL CAUSE	18/AC	Inch	DIACE OF INITIDY	in as about	22C WHERE DID	/if in Rollimo	o City alva a	rost location)	Yes	1000
O HAIDEBLUING			hor	PLACE OF INJURY (e.g. ne, form, foctory, street, offi	ce bldg., etc.)						-57
UTING CA				street		Loch Rave			ffield	Road	
OF INJURY		Ooy) (Yea		WHILE AT IT NO	T W/HILE	22F. HOW DID IN	NJURY OCCI	JR?			
(APPROX.)	4-15-	-69 12	:30 P _{em.}	WORK AT	T WHILE X	Pedestri	lan str	uck by	auto		
23.					. 57	1.1	.1. 1	1 - 1 1			
I cert	tify that I h	eld on I	nquiry		utopsy	and that on					
resul	ted fram: N	latural cau	ses 📙 _	Accident X Suici	de 📙 I	tomicide 🔲		ned monner			
A CTUAL	1	/	11/11	1.11		CHIEF MEDICAL	EXAMINER			DATE SIC	NED
SIGNAT		Muly	4 1/10	Bul M.	D. AS	SISTANT MEDICAL	EXAMINER	X			
EXAMIN NAME (IER'S Ro	onald I	N. Korn	blum, M.D.	ASS	OCIATE MEDICAL	EXAMINER	□ Ap	ri1 25	, 196	9
24A. BURIAL CRE		AB. DATE		24C. NAME of CEMETERY	or CREMA	ORY 24D	. LOCATION	(City, tow	vn, or county	/) (St	tote)
Burial	117)	4/28	169	Mountain C	hrist	ian J	oppa,	Harfor	d Co.	.,Mar	ylane
25A. DATE REC'D	BY HEALTH			E OF REGISTRAR	D 25 C	FUNERAL DIRECT	Desh	im,	ADDRESS	rtst	Pa Owm
10.151.0511.1151	/ -	1	1 WILL	Section Contraction	1	S Comment	400	,	200110	-1 000	- 11111
VS 151-REV. 1/1/6	B // \	-61	. ()	4		0 1					

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



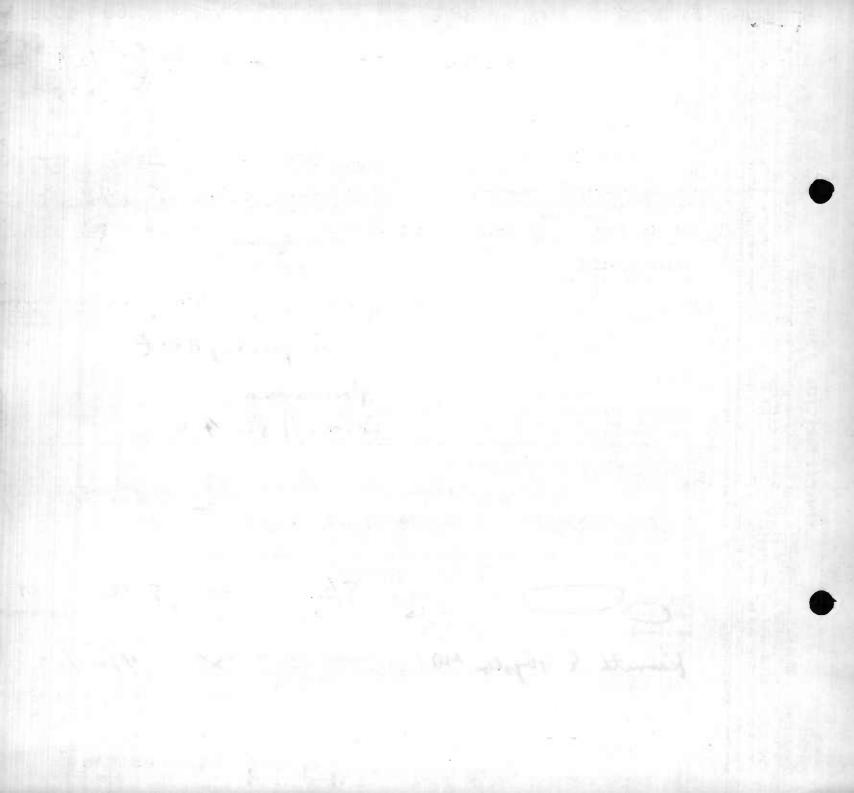


IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

If Under 1 Yr. Months Doys If Under 24 Hrs. Hours Min 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS RECORDS-BCH-4940 EASTERN AVENUE, BALTIMORE, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltlmore City, give exact location) and that in (my) (our) opinian death occurred on the date 23B, DATE, SIGNED BCH-4940 EASTERN AVENUE, BALTIMORE, MD 21224 (City, town, or county) WALTER DABROWSKI 1005 DUNDALK AVENUE

NO



VS 150-REV. 1/1/6B

IMPORTANT

DIRECTOR:

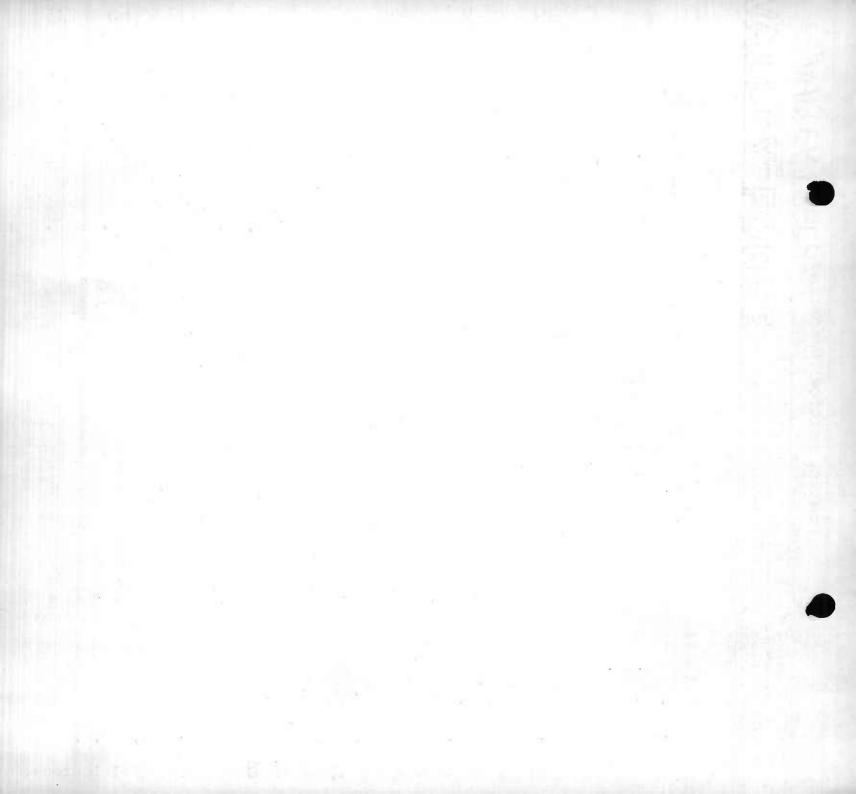
FUNERAL

12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS 523 N. Longwood APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltlmore City, give exoct location) 4-25 19 69 and that in(my) (aur) apinian death accurred on the date 238, DATE SIGNED (City, town, or county) N.C. F.H. 1701 Laurens St

NO

Hours

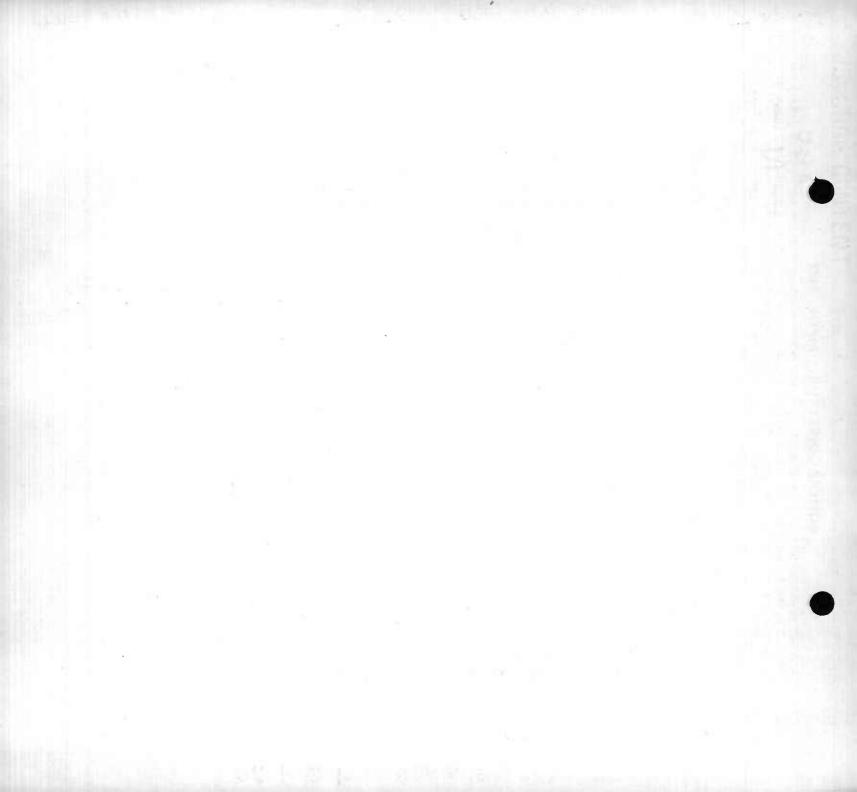
If Under 24 Hrs.



VS 150-REV. 1/1/6B

1	011	
V	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased the body burns; (6) Body burns; (7) A fracture of any kind; (8) A fracture of any kind; (9) Undetermined cause; (9) Deceased the burns; (1) An accident of any high purity of the burns; (1) An accident of any kind; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased the burns; (7) A fracture of any kind; (8) A fracture of any kind; (9) Body burns; (1) A fracture of any kind; (1) A fracture of any kind; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Body burns; (6) Body burns; (7) A fracture of any kind; (8) A fracture of any kind; (9) Body burns; (1) A fracture of any kind; (1) A fracture of any kind; (1) A fracture of any kind; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Body burns; (6) Body burns; (7) Body burns; (8) A fracture of any kind; (9) Body burns; (1) A fracture of any kind; (1) Body burns; (1) Body burns; (1) Body burns; (2) Body burns; (3) Body burns; (1) Body burns; (2) Body burns; (3) Body burns; (4) Body burns; (5) Body burns; (6) Body burns; (7) Body burns; (8) Body burns; (9) Body burns; (1) Body burns; (2) Body burns; (3) Body burns; (4) Body burns; (6) Body burns; (7) Body burns; (8) Body burns; (9) Body burns; (1)	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
•	occurred in a ontributing cauermined cause;	eased prior to is made.
TANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of property nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased the property of the property	deceased prior to death); and (6) No physician was in regular attendance on the deceased private approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	iner or his assiner. Also, if the acture of any	ular attendan
AL DIRECT	medical examinedical examined burns; (3) A fr	in was in reg remains are e
FUNER	l by the chief spital by a n ture; (2) Body	6) No physicic ed before the
	st be approved ased to the ho lent of any nat	death); and (ones
	body was rele ws: (1) An accid	eased prior to
	Thi:	dec

6	9 4355 BALTIMO	DRE CITY HEALTH DEPARTMENT 69 4355
BIRTH NO.		IFICATE OF DEATH REG. NO. 4000
NAME OF DECEASED	DOUGLASS	2. DATE AND HOUR OF DEATH 4/27/69 10:30 A.M.
FULL NAME OF (IF NOT IN HOSP ADDRESS OR LOGINSTITUTION	ITAL OR INSTITUTION. GIVE STR	A. STATE B. COUNTY MARYLAND C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER
818 Chaunce	y Avenue	818 Chauncey Avenue
SEX 6. RACE	7. MARRIED X NEVER MARK	
Female Negro	WIDOWED DIVOR	- 12 17 1010
OA. USUAL OCCUPATION (Give kind of woone during most of working life, even if retired Domestic		NDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT Victoria, Virginia
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Ed Wilson		Otelia Ogburn
5. Was Deceased Ever in U. S. Armed F Yes, no or unknown) (If yes, give war ar do		James L. Douglass Balto., Md. 212
UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITION SIZE OF CONDITION GIVEN IN P. D. 194. DATE OF OPERATION 198. CC	THE TERMINAL ART 1 (A). INDITION FOR WHICH OPERATE	ION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
L L	RFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21 B. PLACE OF INJU home, farm, foctory, etc.)	URY (e.g., in ar about 21 C. WHERE DID (If In Boltimore City, give exact lacotton) street, affice bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year OF INJURY (APPROX.)	r) (Hour) 21E, INJURY OCCU While At Work	Not White At Work
22. I certify that (I) (this haspit that (I) we) last saw the decea and haur and from the causes so 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	sed alive an 2 ated abave (1) (We) (did) (d	19 (aur) apinian death accurred an the death accurred and that in (my) (aur) apinian death accurred an the death. Attending Med. Staff Phys. 23D. ADDRESS DEGREE PAGE 23D. ADDRESS
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 5A. DATE REC'D BY HEALTH DEPT.	-69 FIRST BADTIS	
APR 2 9 1969	Golgt E. Farbe	CUMP. MORTON PURTIFH, 1701 LAURENS



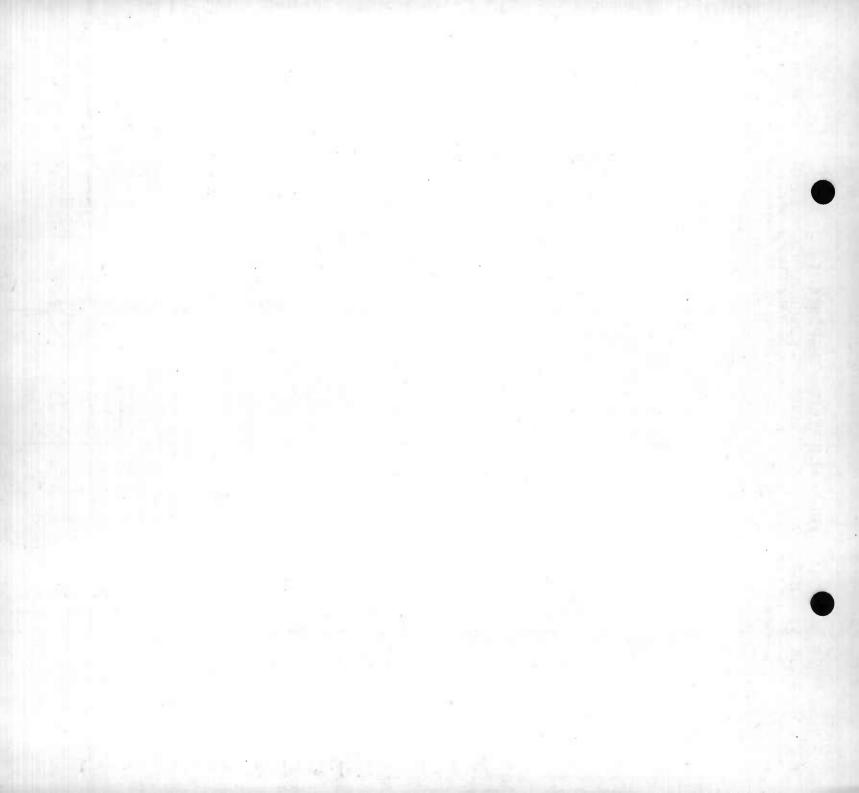
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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VS 150-REV. 1/1/6B

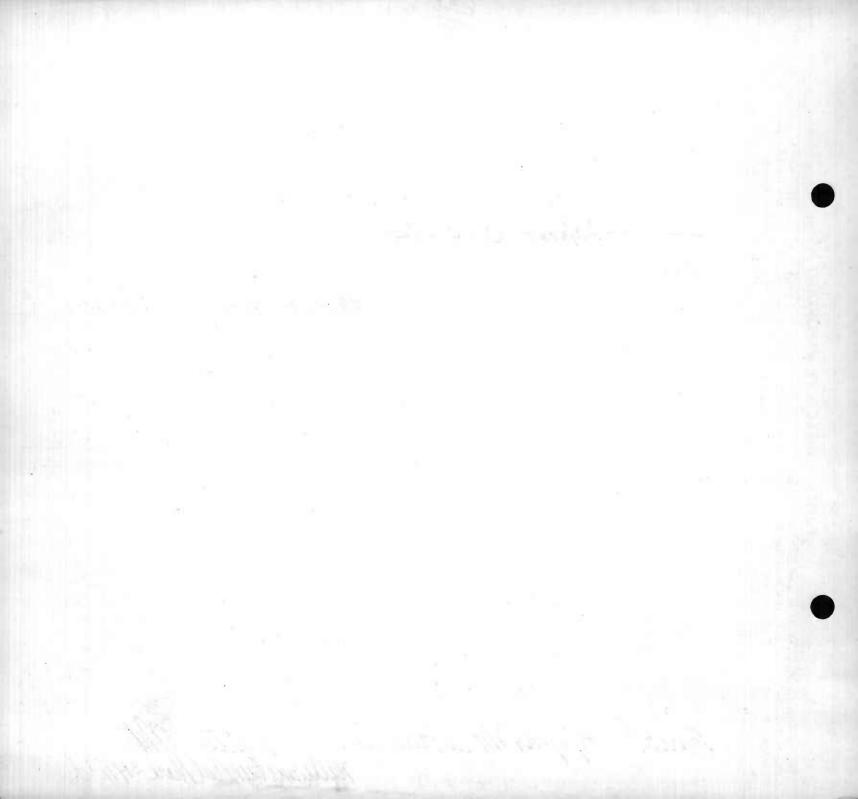
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Apr 25,1969 2:00 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Frank Stricker 1535 Williams Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) Apr. 25 19 69 Apr. 25, 1969 and that in (my) (Zur) opinion death occurred on the date 238, DATE SIGNED (Stote) ADDRESS



eceased prior to deceased prior to written approvat was D.O.A. shows:

VS 150-REV. 1/1/68

BALTIMORE CITY	HEALTH DEPARTMENT		69	1250
CERTIFICA	TE OF DEATH	REG. NO	00	4358
	2, DATE AND HO	DUR OF DEATH		
IDE	1 1 0 0	69	1	4.35 A.M.
DEAD	4. USUAL RESIDENCE (Where dec	eosed lived. Il institu	tion: residence	
GIVE STREET	MARYIAND		19-	03
	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?	
	BALTIMORE	YE	s 🗹	NO 🗌
25P.	E. STREET AND NUMBER	a-		
	1811 EAGLE	5/	20	
VER MARRIED	B. DATE OF BIRTH, 9. AG	E (In years If	Under 1 Yr.	II Under 24 Hrs. Hours Min.
DIVORCED	7/25/11	58		
IESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign co	untry) 13	2. CITIZEN OF	WHAT COUNTRY?
ruction	SOUTH C	AKOLINA	u	SA
	14. MOTHER'S MAIDEN NAME	11		
	6111 V RG	lev		
CIAL	17. INFORMANT	110	ADDR	ESS
CURITY NO.	Florence HOLD	ve 302/	MONT	ve SX
CAUSE OF DEATH	Convulsion	NO. OF	APPRO	XIMATE INTERVAL
			BETWEEN	ONSET AND DEATH
(A) IMMEDIATE CAU	SE probably du	e to cerrosu	0	lass
DUE TO, OR AS A	CONSEQUENCEOFOR	ism,		
" Cereb	ral edema.	extension	0	lays
DUE TO, OR AS	A CONSEQUENCE OF:			
(c) Hep	aticcoma		a	aup
	. 1			
Fath	metamornhosi	sol live	$r \mid m$	routher
/	//////	1) 2000		
OPERATION /	20 A. AUTOPSY? (Yes or No) 208	CERTIFYING CAUSE	S OF DEATH	DERED
E OF INJURY (e.g., ir	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exoct	locotion)
n, loctory, street, oli	fice bldg., INJURY OCCUR?			
RY OCCURRED	21F. HOW DID INJURY	OCCUR?	7	
Not While				
At Work				
eosed from	4.22.1969	P to	4.	27-1969.
	27.19.69 and that in	(my) (our) opinion	deoth occ	urred on the dote
	iew the body ofter deoth.			
		23	B, DATE SIGN	
DEGREE Phys	·	4	4	27-69
	23D. ADDRESS	Secou	01	1/254
DEGREE	BOW.			rosp.
CEMETERY or CRE	MATORY 24D. LOCAT	1914 City	or count	y) (Stote)
URZUM /	m. 1501	18. 1/16	7.	, -
ISTRAR	25C. FUNERAL DIRECTOR	111	AD	DRESS
E. Frankrei	Milled SHI TOUR	Lou Hame	3/9/1/	shickell st
	11 3 3 3		, ,,	



1	4401	69 4359 CERTIFICATE OF DEATH REG NO. 69 4359
,	P+044	BIRTH NO.
	of death Occased o on the oth. Such	1. NAME OF DECEASED (Type or Phint) 2. DATE AND HOUR OF DEATH
	hospital ise of dd (5) Dece ance on death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	hospi use o (5) D lance deat	A. STATE B. COUNTY
	a he cause se; (5 endar to d	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) [C. CITY OR TOWN D. INSIDE CITY LIMITS?
/	E 32.	Murers Hy Hospital Balta YEST NO
~		Bulto. 639 South Paca Street
	death occurred if or contributing Undetermined ca as in regular at e deceased prior	5. SEX ACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 19. AGE (In years lost birthdoy) Nonths Doys Hours Min. WIDOWED DIVORCED
	in receded	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY done during mast of working life, even if retired)
	or or or or or or or or or or or or or o	Freight londer South Carolina US
-	7. (4) \$ + × 0 ods	See M. T. T. / John 14. MOTHER'S MAIDEN NAME
Z	E p d d	15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] [If yes, give wor or doles of service] ADDRESS ADDRESS
RT	유수국교등등	No Vospet
MPORTAN	S P B P O	18. 3 2 0 9 1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
X	Also, e of or nounce atten	LEADING TO DEATH
ä	pr	(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. it means the disease, injury ar complication which caused death.)
TOR	-E E B - E	ANTECEDENT CAUSES DIFFINE SEpsis - meningitis, with
ECT	xami xami) A fr who regr	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
DIRE	ical e cal e) ns; (3) ician as in ains c	UNDERLYING CONDITION last. (C)
-1	medical emedical emedical of burns; (3 physician an was ir memains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS OTHER SIGNIFICANT CONDITI
RA	y buy	A IDISEASE OK CONDITION GIVEN IN PART 1 (A).
FUNERA	by a me by a me 2) Body by re the phy physician fore the re	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOPSYS (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ī	l by the c spital by ure; (2) E where t) No phy ed before	U 21A. ACCIDENT WAS UNDERLYING CAUSE OF CONTRIBUTING CAUSE OF DEATH Inosity medical examines) 21B. PLACE OF INJURY (e.g., in or obout 21G. WHERE DID (If In Boltimore City, give exact location) INJURY OCCUR?
	hospital nature; (sept wheeld (6) No ained be	21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	2 - 200	Work At Work
	0 + E 0 0 0	22. I certify that (1) (this hespital) attended the deceased from 4//6 19 69 to 4//> 6 19 65
	B 2 4 - 0 9	that (1) (we) lost saw the deceased alive on 196 9 and that in (my) (our) opinion death occurred on the date
	leased to leased to leased to leased to lease to	ond hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE (23B. DATE SIGNED
	20.220	Charles Islaming Med. Stoff Director Phys. Director Phys.
	0 - 0 >	23C. PHYSICIAN'S NAME (Type) harles S. Samorodin Apares University Has Pital
	certificat sody was ss: (1) An D.O.A. al ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (Site town or county) (State)
	This cert the body shows: () was D.O decease written	25A; DATE RECID BY HEALTH DEPT 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
	This certif the body shows: (1) was D.O. deceased written ap	25A. DATE RECORD BY HEATTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS
	1	V\$ 150-REV. 1/1/68



Mas. Embertot June in se front in To The Longa 13/10/4 mil - A 11 8001 1.F.O.T IMPORTANT

DIRECTOR:

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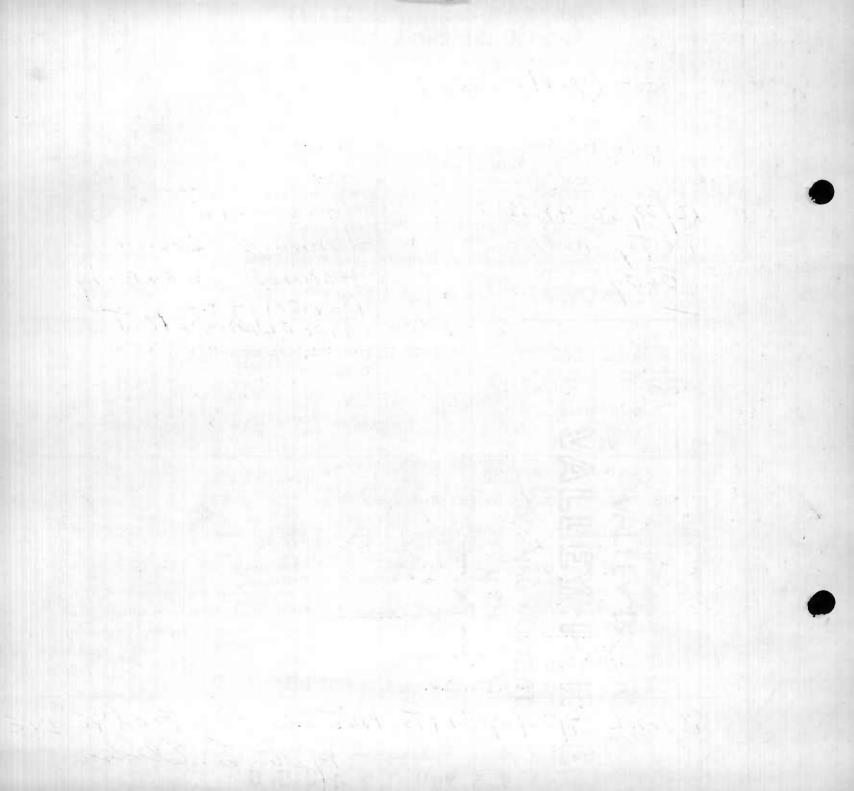
The manufacture of the

1100 00 2 40.0

Muchael & truty MA. MICHAEL D. LUTZ M.D. TONG MOVE US

69 4363 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO 8-34900 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	69 4363
1. NAME OF DECEASED (Type or Print) DAMITRIS DAH/EMERROWN	2. DATE Known Month Doy OF DEATH Estimoted	Yeor Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD April 27, 5. USUAL RESIDENCE (Where deceased lived. If institution:	1969 10:25 A.
Mercy Hospital (DOA)	A. STATE B. COUNTY	9-09
female negro winowed negro	C. CITY OR TOWN Baltimore D. INSIDE CIT	/
remale negro WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In yeors If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	S X NO .
12/30/68 lostbirthdoy) os Months, Doys, Hours, Min.	1719 Harford Avenue	
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	ONNHIE Bron	14
done during most of working life, even if retired)	YIS. MOTHER'S MAIDEN NAME HAMNAH BEV	5 × /v
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT AD AD AD AD AD AD AD AD AD AD AD AD AD	DRESS
19. CAUSE OF DEA	TH 1401 E.LIMNVALE	SAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	nterstitial Pneumonitis)	
(A)IMMEDIATE C	CAUSE AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
UNDERLYING CONDITION LAST. (C)	***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
		Yes
	in or obout 22C. WHERE DID (If In Boltimore City, give exoc te bldg., etc.) INJURY OCCUR?	t location)
OF INJURY WHILE AT NOT	22F. HOW DID INJURY OCCUR?	
23.	stopsy X ond that on this basis, death in my	osinion
resulted from: Notural courses X Accident Suicid		_*
ACTUAL MOS . 1 Sol	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE DE MO		4/28/69
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, PARENT SUPPLY	Note Character 24D. LOCATION (City, Iown,	or county) (State)
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	M.D. 2SC. FUNERAL DIRECTOR	DORESS
VS 1S1-REV. 1/1/6B	0 4/1 13	

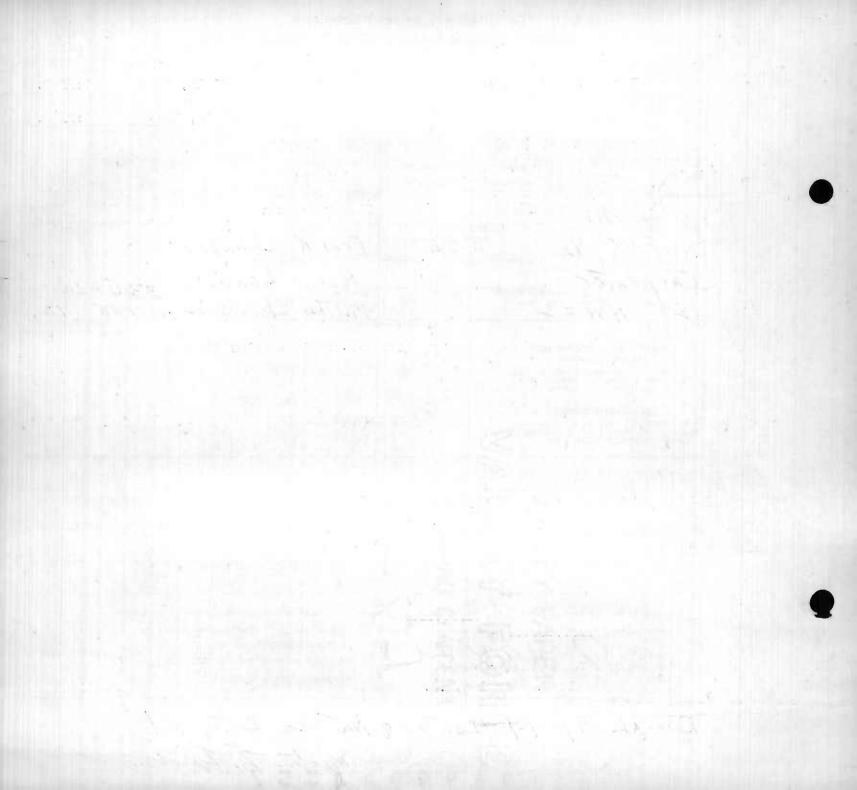


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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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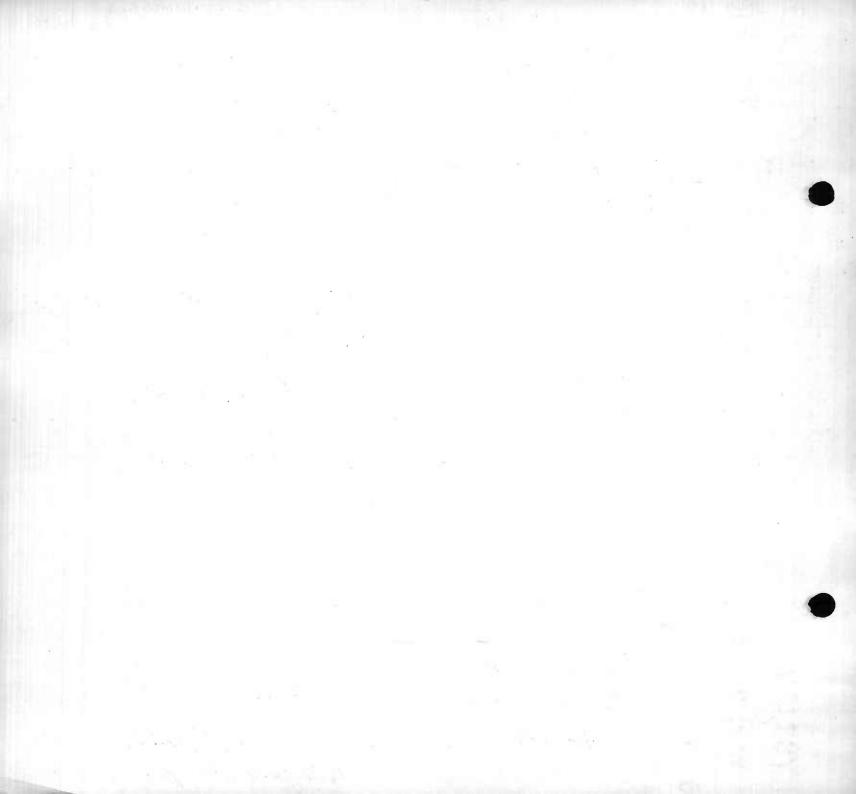
BIRTH NO.	MEL	ICAL E	VAMILLER 2	LEKTIFICA	TE OF DEAT	REG. NO.		
. NAME OF DEC	EASED			2. DATE	(nown Month	Doy	Yeor Hour	
Type or Print) H	ERMAN JOHNS	ON, M	a	OF DEATH E	stimoted April	13, 1969	1:55 P.M.	
4. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRON	OUNCED DEAD	3. DATE Month Doy Year Hour				
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET	PRONOUNCED DEAD April 13, 1969 1:55 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
340	Bloom Street	(DOA)		A CHARE	aryland	B. COUNTY	14-03	
Male	7. RACE Negro	8. MARRIED WIDOWED	NEVER MARRIED	c. city or tov Baltimo		D. INSIDE CITY		
9. DATE OF BIRTH	H [10. AGE (I	n years If t	DIVORCED Jnder 1 Yr. If Under 24 Hrs.	E. STREET AND	NUMBER	YES	L NO L	
10 FEL	6, 1910 lost birthdo	^{Mo}	nths, Doys, Hours, Min.	340 Bloo	m Street			
No F	state or foreign country)	12.	WHAT COUNTRY?	13. FATHER'S N	K Johns	04		
4A.USUAL OCCU	PATION (Sive kind of work vorking life even if retired)	14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S				
CArn	ENIEL			MAR	HAWK	145 -4	-/11/1-	
16. WAS DECKASI	ED EVER IN U.S. ARMEI	of service)	17. SOCIAL SECURITY NO.	18. INFORMAN	1 1	ADD	GSG M AMETION	
Y/2	14 14 # Z	_		M1/184	1 Johnso	H- Nor		
19.	2.2		CAUSE OF DEA	тн			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
75.75	E OR CONDITION DIRE	CTLY	Hyperten	sive card	iovascular d	isease		
	LEADING TO DEATH of meon the mode of dy	vina. e.a	(A)IMMEDIATE C	AS A CONSEQUEN	CF OF.			
heart foilure,	, osthenio, etc. It means the application which caused de	e diseose,	DUE TO, OK A	AS A CONSEQUEN	CE OF:			
					-			
	NTECEDENT CAUSES OR CONDITIONS, IF AN'	Y GIVING	(B)	AS A CONSEQUEN	VCE OF:		B v 55 v v v v v v v v 05 55 00 00 v v v v	
RISE TO THE	ABOVE CAUSE (A) STA	TING THE						
Z			(C)	0 10 to 10 t	Describe service 20 not consist consistence and not seem on the set of not not seem not not not not not not not not not not	to discuss and one of the special state of the spec		
O THE DEA	II IIFICANT CONDITIONS C ATH BUT NOT RELATED TO CONDITION GIVEN IN P	THE TERMINA						
20A. DATE OF			WHICH OPERATION W	AS PERFORMED		2	1. AUTOPSY? (Yes or No)	
Ö							no	
	NAL CAUSE WAS	22B	PLACE OF INJURY (e.g.,	in or obout 22C.	WHERE DID (If in Boltim	ore City, give exoct I	ocotion)	
2 DIADEKTAING	USE OF DEATH.	hom	e, form, foctory, street, office	e bldg., etc.) INJUI	ty OCCUR?			
	(Month) (Doy) (Yeo		22E.INJURY OCCURRED. WHILE AT WORK NOT AT W	WHILE D	HOW DID INJURY OCC	CUR?		
23.								
		nquiry L	Inspection X Au	top sy 🔲 o	nd that on this basis	, death In my op	inion	
result	ted from: Natural cau	ses X	Accident Suicid			ined monner		
ACTUAL	X/	101	1/01		F MEDICAL EXAMINER		DATE SIGNED	
SIGNATI	URE / Bulg	1 41	Law M.D		NT MEDICAL EXAMINER	***		
NAME (T	Dono Id N	. Kornb	lum, M.D.	ASSOCIA	TE MEDICAL EXAMINER	Ш	4/13/69	
24A. BURIAL CREA	MATION, 24B. DATE		4C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	N (City, town, o		
Burl.	AL 4/30	169	BALT more	NoT. C	Em BolTo	. md		
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. FUN	ERAL DIRECTOR	ADD	RESS	
Af	PR 2 9 1969	R.D.	I E. Janber	Mil	ton bit	Sticken	Plan,	
/S 151-REV. 1/1/68	3	1 1	6900	0 4 3	5 5 7		\	

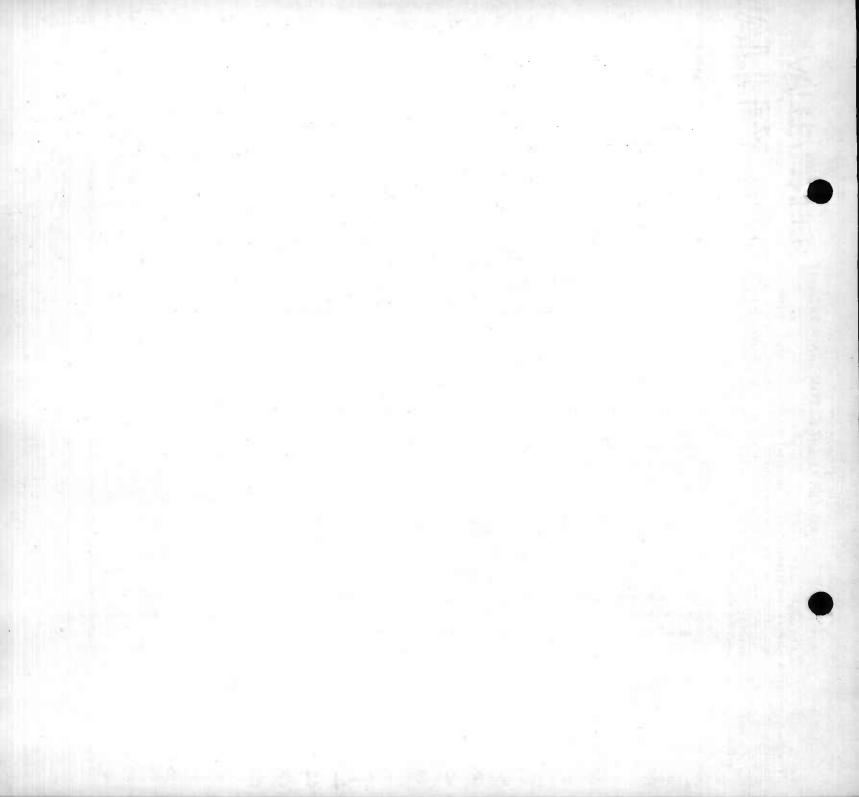


DIRECTOR:

FUNERAL



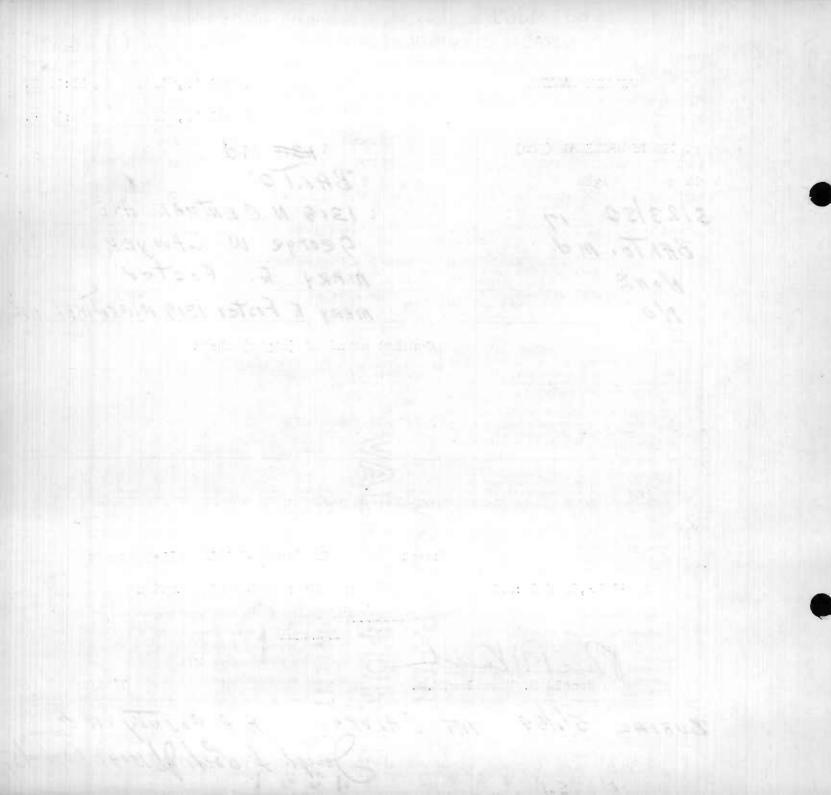




69 4369

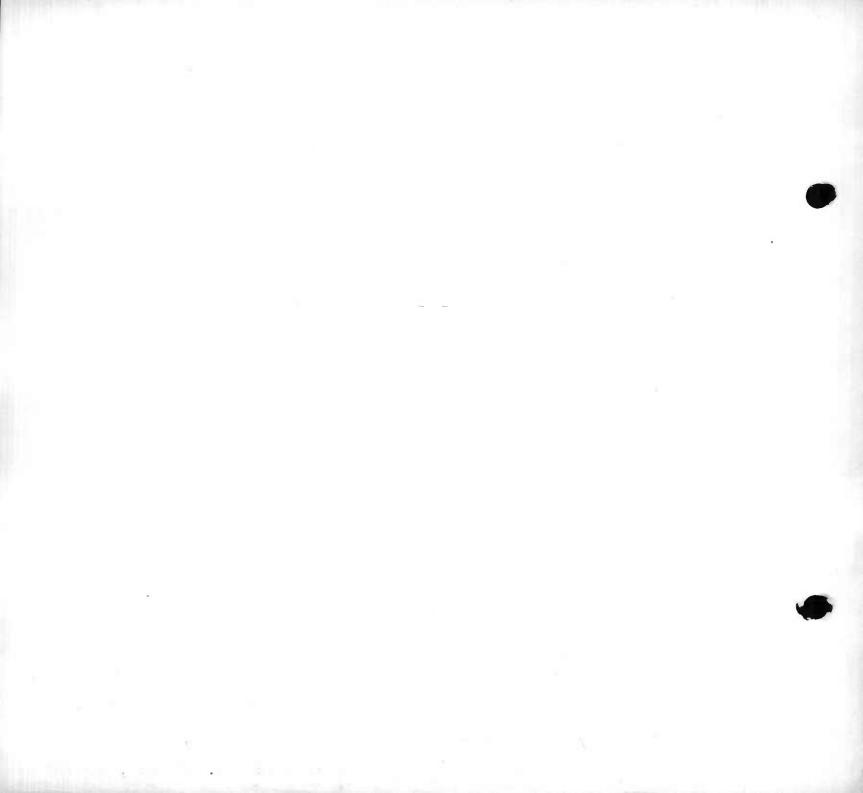
	CERTIFICATE OF DEATH REG. NO. 69 4369
I. NAME OF DECEASED (Type or Print) WILLIAM SAWYER	2. DATE Known Manth Doy Yeor Hour OF DEATH Estimated April 25, 1969 11:15 PM
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	PRONOUNCED DEAD April 25, 1969 11:15 P _M 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
MERCY HOSPITAL (DOA)	A. STATE ? 1377 Mid B. COUNTY 9-09
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	? BALIO YES NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Annual State of S	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME GESTGE W. SAWVER
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	VIS. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) 17. SECURITY NO.	MARY E. Foster 1319 N. CENTRAL A
19. E 9 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Gunsho	t wound of (right) chest
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE (A) IMMEDIATE (A) IMMEDIATE (B) IMME	
heart failure, osthenio, etc. It means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No) yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. Street 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	, in ar about 22C. WHERE DID (If in Baltimare City, give exact lacotion) (see bidgs, etc.) INJURY OCCUR? In front of 1310 Valley Street 22F. HOWDID INJURY OCCUR?
MARROOV A . T OF TO CO TO FED WHILE AL	WORK Shot during altercation
	utapsy and that an this basis, death in my apinion
resulted fram: Natural causes Accident Suici	
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE wed When M.I.	D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 4/26/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY BURIAL 5/1/69 MT. CA	LVARY A.A. COUNTY, me
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Joseph L. Lords N 1304 n. Conhat
VS 151-REV. 1/1/68 M 875 1 9 5 9 0	P4 3 6 1

N875,11 9 5 9 0 0 8 4 3 6 1



VS 151-REV. 1/1/6B

BII	RTH NO.		MED	ICAI	LEX	CAMINER'S	ERTIF	CATE C	OF DEA	TH REG. N	69	4370
	NAME OF DEC	EASED					2. DATE	Known [Manth	Day	Yea	r Hour
	pe or Print)	JONATH	IAN CU	FFIE			OF DEATH	Estimoted				11:12 PM
4.	PLACE IN BAL	TIMORE, MA	ARYLAND, W	HERE P	RONO	UNCED DEAD	3. DATE		Month	Day	Yea	Hour
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION							UNCED DEAD	Apr			11:12 P.M.
	JOHNS	HOPKIN	IS HOSP	ITAL	(DO	OA)	A. STATE	Marylar		B. COUNT		0-01
6.	SEX	7. RACE		B. MAR	RIED [NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE	CITY LIMIT	S?
	Male		gro	WIDO				timore			YES 🔀	NO 🗆
9.	4/6/5	7	10. AGE (In	17 17	Manth	der 1 Yr, If Under 24 Hrs. Is Days Haurs Min.		Harford				
11.	BIRTHPLACE (S	tate ar forei	gn cauntry)			TIZEN OF	13. FATHER	ME C	0	14411		
				14B. KIN	D OF B	USINESS OR INDUSTRY	15. MOTHI	R'S MAIDEN	NAME	11		
9	STUDE	NT-		DUN.		High School	Chr	15/11/	E	AL5	TON	
16. (Ye	was DECEAS s, na ar unknown)	ED EVER IN	U.S. ARMED	FORCE of service	5?	17. SOCIAL SECURITY NO.	18. INFOR	MANT	00	1	ADDRESS	-0 10
_	No						JAM 1	55 C1	1+15	1235	HA	artord Hy
	19. F 96	5 XI				CAUSE OF DEA					В	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	DISEAS	E OR CONE	DITION DIREC	CTLY		Gunshot	wound	s of hea	d and	chest		
LEADING TO DEATH (A) IMMEDIATE CAUSE												
-	heart failure,	asthenio, etc	mode of dyi c. It meons the ich caused dea	disease,		DUE TO, OR A		QUENCE OF:				
CERTIFICATION	DISEASES O	ABOVE CA	ONS, IF ANY JUSE (A) STAT TON LAST.	ING THE		(B)(C)	AS A CONSE	QUENCE OF:				
TIFICA	TO THE DEA DISEASE OR	CONDITION	NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERA	AINAL				de 18 de seu de de de de de de de de de de de de de	no des des seus des des des des des des des des des de		
CER	204 DATE OF	OPERATIO	N 20B. CON	IDITION	FOR V	VHICH OPERATION WA	S PERFOR!	MED			21. AU	Yes or No)
₹	22A. EXTERI	NAL CAUSE			22B. PI	LACE OF INJURY(e.g.,	in or obout	22C. WHERE D	ID (If in Boltin	nore City, give	exact locotio	
MEDICAL	UNDERLYING UTING CA	USE OF DEA			-	farm, factory, street, office Street		Greenmou	int and		ı	7-09
2	OF INJURY		Day) (Year		- W	E.INJURY OCCURRED HILE AT NOT	MARINE	22F. HOW DID			11 6	
	(APPROX.) A	pril 2	5,1969	10:5	DA. W	ORK ATW	ORK X	Shot du	iring a	ltercati	Lon	
			eld on I				topsyXX			s, deoth in r		
	result	ed fram:	laturol cou	ses 📙	Ac	cident Suicid	e H	amicide X			er 📗	
	ACTUAL	1	1. 1	111	/,	11		CHIEF MEDIC				DATE SIGNED
	SIGNATU		and a	VIK	w	M.D	. ASS	ISTANT MEDIC	AL EXAMINE	R XX	1.100	1.0
	EXAMINI		lonald l	N. Ko	ornb	lum, M.D.	ASS	OCIATE MEDIC	AL EXAMINE	R 📙	4/26,	/69
24	A. BURIAL CREA		24B. DATE		240	NAME of CEMETERY	or CREMAT	ORY I	4D. LOCATIO	N (City t	own, ar cour	nty) (State)
	MOVAL (Specif		/	169	1		Ation			OUNK	1. m	d.
25	A. DATE REC'D	BY HEALTH	0/	-	JAMEN	OF (REGISTRAR)		FUNERAL DIR		10111	ADDRESS	
-	A	PR 29	1969	Ulo	رسا	C. Varber		reel x	1. doci	es. 21-	30471.	Cantral Or



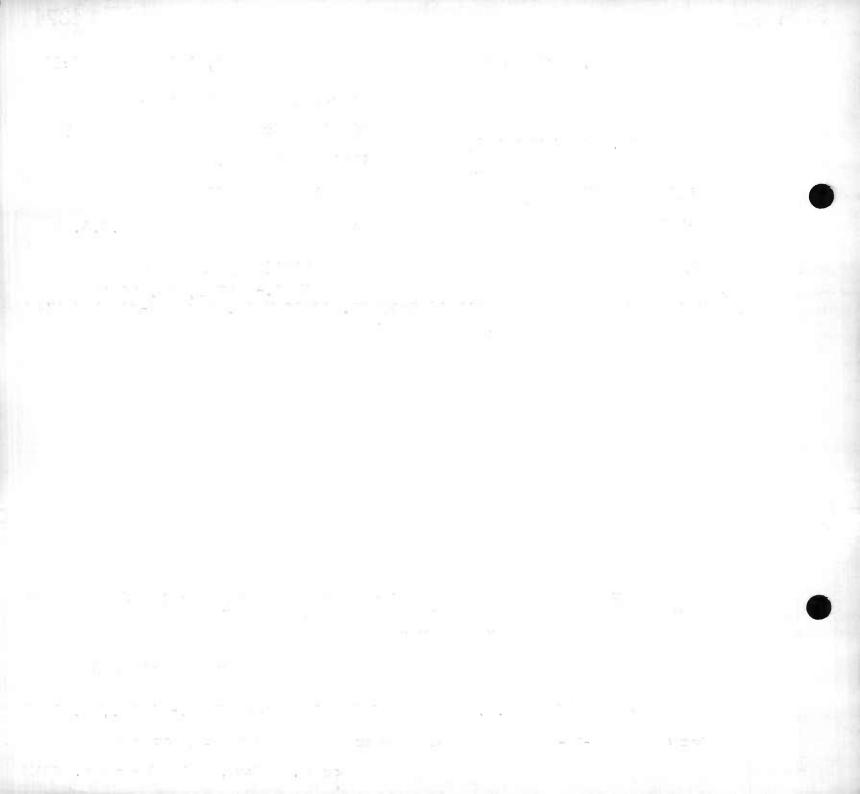
69 4373

BIRTH NO.	LEKTIFICATE OF DEATH REG, NO.
1. NAME OF DECEASED (Type or Print) IRENE HARTLEY	2. DATE Known X Manth Day Year Hour OF DEATH Estimated April 24, 1969
A. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL PIER TIPE (OT AHO PITM OR MATHEWAY OF THE DEAD ON)	3. DATE Month Day Year Haur April 24, 1969 5:55 A. M.
or institution timore City Hospital (5-26-69 -4821 Eastern AvenueDO A)	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Maryland B. COUNTY J 6-0 //
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CIFY LIMITS? YES NO
9. DATE OF BIRTH 8/30/08 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.	E. STREET AND NUMBER 4821 Eastern Avenue
11. BIRTHPLACE (Stote ar fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, eyen if retired) 1/10 NO RES	
(Yes, no ar unknawn) (If yes, give war or dates af service)	Mrs, S, bila - Prairie Sun. Ma
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not meon the mede of dying, e.g., heart failure, asthenia, etc. It meons the disease, injury or camplication which caused death.)	BETWEEN ONSET AND DEATH
UNDERLYING CONDITION LAST.	Carbon monoxide AS A CONSEQUENCE OF: Conflagration
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Doy) (Yeor) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.) 4-24-69 5:00 A m., WOIK AT WORK	in or obaut 22C. WHERE DID (If in 8oltimore City, give exact location) Variable No
I certify that I held an Inquiry Inspection X Au resulted from: Natural causes Accident X Suicide ACTUAL SIGNATURE EXAMINER'S Charles S. Springate, M.D.	topsy ond that an this basis, death in my aplaian Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
NAME (Type) CHATTES S. SPITINGALE, FI.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. APR 29 1969 10 P. F. Faaber	
VS 151-REV. 1/1/68 7	0 4 3 6 5 0

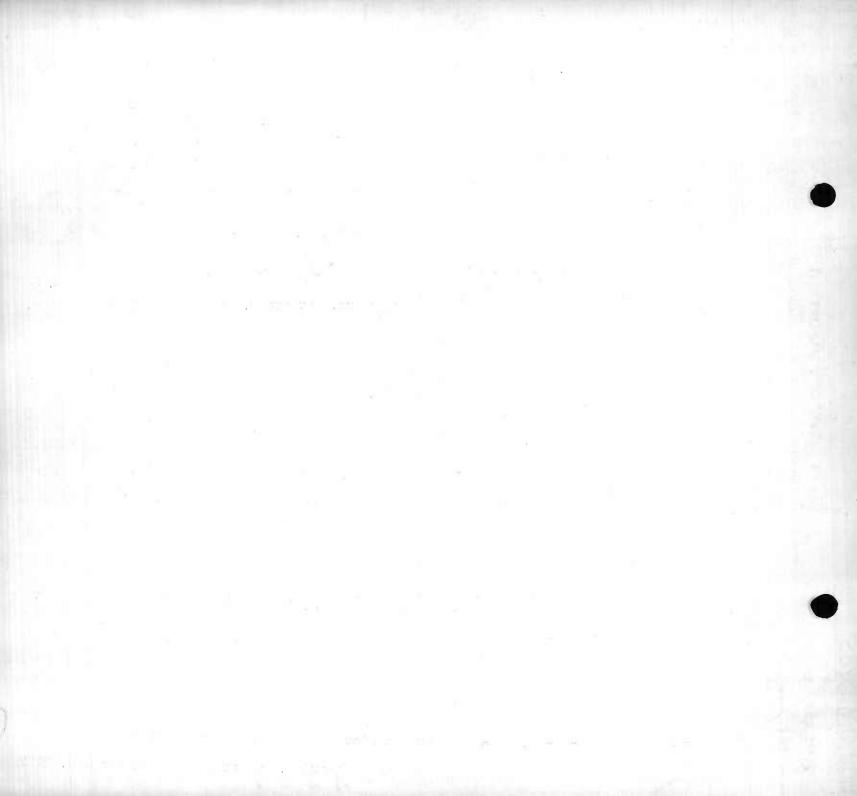
Letter from M.E.'s office 5-26-69 M.H.

н.

			69	43	4 1/1	TIMORE CIT				/ 950	C NO	6	59	437	4
	RTH NO.				CE	RTIFICA	VIE C	F DEA	TH/	KE	G. NO				
(T ₃	NAME OF DEC	BLAIR	-					2. [APR I	L 26,	1969	9	l	1:3	OP
3,	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PRO	NOUNCED DE	AD	A. STAT	L RESIDEN	CE IWhe	re deceosed	lived, If in	stitutions	residence	before od	mission)
FL H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT	IN HOSPIT	AL OR IN	STITUTION, GIV	E STREET	MAR	YLAND		LTO C		227	5	3-0	0
1	MA				. =			EAST TOTAL	Arb	utus	5	YES 🗌		ио 🕅	
		ST. A	GNES	HUSP	ITAL			ET AND NU		****					
5.	SEX	6. RACE		7			1	1 POPI		AVE.					
	MALE	WHI	TE	· MARR	ED NEVER	WARRIED VORCED	2 2	0		9. AGE (In lost birthda)	years	If Unde Months	Doys	II Under Hours	24 Hrs. Min.
10/	LUSUAL OCCI	JPATION (Give	kind of work		OF BUSINESS			IPLACE (Stat	e or lare	on country		lia CIT	ZEN OF	WHAT CO	MINTOVA
	PRINTER		en if retired)					YLAND					J.S.		JOHIKIS
	FATHER'S NA	-						HER'S MAIL				1			
	FRANK E						FR	EDRICE	KA(Decke	r)			
15. (Ye	Was Deceased s, no at unknown!	Ever in U. S. (II yes, give	Armed Fore	es?	1 6. SOCIAL	TY NO.	17. INFO	NAMANA	-S	BALTO	МГ) 21	A DORE	SS	
	YES	WW2			213 1			AGNES							LKE
	18. 43	1,91			CAU	SE OF DEAT	Н						APPROX	GMATE INT	ERVAL
	DISEAS	E OR COND	O DEATH	ECTLY	,	PROBA	BOVA	PUTR.	12	ACCI.	DENT			ONSET AN	DDEATH
	IThis does n	at meon the	made of	dying, e		THIT DISTRIBUTE	745		n Ce k	EEBRA	C HEN	UPRAGIA	<i>E</i>	***********	
	IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.]														
	ANTECEDENT CAUSES														
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:														
	rise to the abave cause (A) stoling the UNDERLYING CONDITION last. (C)														
		11			(0)						************			************	
CATION	OTHER SIGNIFI	CANTCONDI	TIONS CON	TRIBUTIN	G										
CAT	DISEASE OR CO	ONDITION GIV	VEN IN PART	1 (A).											*******
RTIF	0		WAS PERF	DRMED	R WHICH OPE		1	NO PSY? (Ye		IN CERTIF	S WERE F	INDINGS USES OF I	CONSID DEATH?	ERED	
CAL	21 A. A CCIDEN OR CONTRIBU DEATH Inotify	TING CAU	SE OF	11	21B. PLACE OF nome, form, foc	INJURY (e.g., In lory, street, of	n ar obout lice bldg.,	21 C. WHERE	DID CUR?	(t)	In Baltimore	City, give	• exact fa	cation)	
100	21 D. TIME OF INJURY	(Month) (Do	y) (Year)	- 1	IL INJURY OC	CURRED		21 F. HOW [JINI DIC	RY OCCU	R?				
S	(APPROX.)				While At Work	Not While									
	22. I certify	that (1) (this	hospital)	attende	the decease	d from AP	RIL	25	1	969 10	APRI	L 26)	19	69
	that (1) (we)	last saw the	deceased	alive	APR	IL 26	19_	69		t fn (My)		ion deat	h occur		e date
	and hour and	from the ca	uses state	d obave	H) (We) (did	(XXX X6t) v	few the b	ody ofter	death.						
	23A. SIGNATUI	RE DAL										238. DAT	E SIGNED)	
		Ca	well		- •	DEGREE Phys.	nding	Med. Director		Shaff Phys.		04 2	26 69	9	
	23C. PHYSICIAN NAME (Ty	rs pel					3D. ADDR								
24A		OLFO F	REVILI	A M	NAME of CEM	DEGREE ETERY OF CRE	CATO	1W 3 1	LKE	NS AV		BALTO			229
	Burial		-29-69		oudon Pa					ltimor					
25A	DATE REGIO				E OF REGISTRA	- 0		UNERAL DI		TCTIIIOI	, 1101	- 9 1011	ADDI	LESS	
	Al	11 60	203	W.	1. A E 3	anter,	1771 13	ard H.		ard,	107 W	ilken			1229
	150-PEV 1/1/6	0							+						

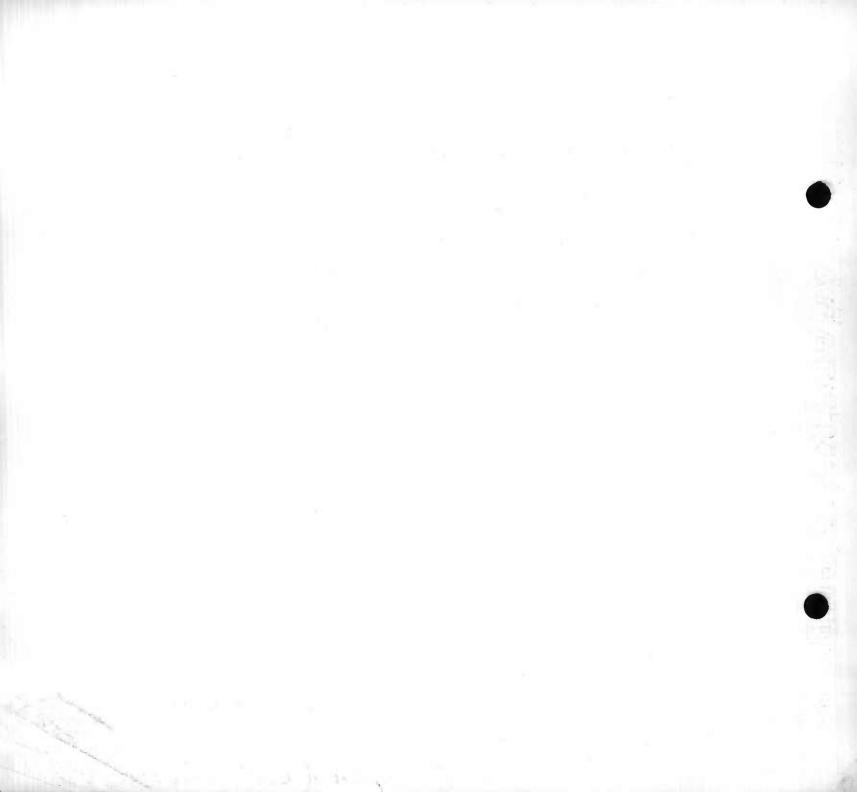


BALTIMORE CITY HEALTH DEPARTMENT





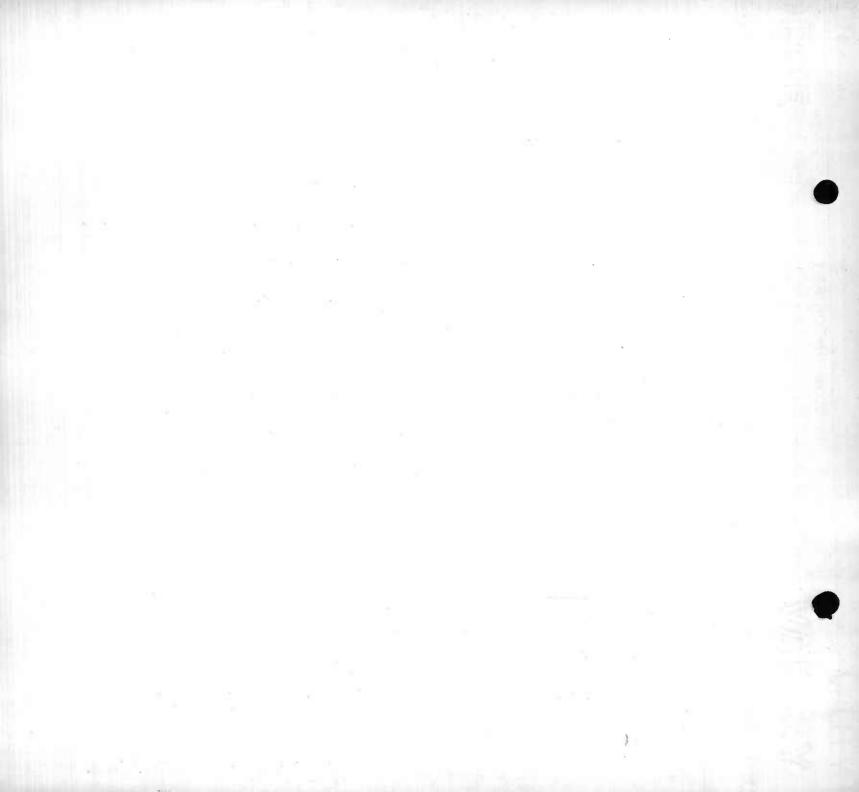
B	200	BALTIMORE CITY HEALTH DEPARTMENT
13	che to	BIRTH NO. 69 4377 CERTIFICATE OF DEATH REG. NO. 69 4377
	SC + SC	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	of d Dece on of d Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE LIVING deceased lived. It institutions residence before admission
	hospit se of (5) De ance death	Maryland B. Copniy
		HOSPITAL OR ADDRESS OR LOCATION)
0	car LSe; end to	Baltimore D. Inside City Limits?
9	ng cau	The Johns Hopkins Hospital
200	de de de de de de de de de de de de de d	728 N. Broadway
		MARKIED NEVER MARKIED Never MARKIED Never Markies National In Under 14 His
1	o o o o o o o o o o o o o o o o o o o	TO LICIAL COCKET STORY CONTROL TO A STORY CONTROL T
7	4 - 1 - 0 - 0	done-during most of working life, even if refired)
Q	de de de de de de de de de de de de de d	13. FAMILE NAME 14. MOTHER'S MAIDEN NAME
GREGORY	rect or (4) Und the dispositi	A. A.D.
S S	rant nd; nd; on al di	15. Was Decessed Ever in U. S. Armed Forces? / 16. SOCIAL 47. INFORMANT
TA	ssiste the kin dec nce fina	(Yes, no or anknown) (If yes, give wor or doles of service) SECURITY NO.
MR.	B + 500 F	18. 2 A 3 O 1 CAUSE OF DEATH APPROXIMATE INTERVAL
-	den 6,0	DISEASE OR CONDITION DIRECTLY
PER	Als Als att	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
	ar par	(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused deoth.)
CTO ⊡	rra fra go em	ANTECODEUS CAMERS
M.E	Why wh	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:
<u>, 22</u>	3) e e	inse to the abave couse (A) stating the UNDERLYING CONDITION tast. (C) A CONDITION tast.
SPITZ RAL DI	medica edical burns; hysicia n was remain	
AL	ber bur hys n v	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL
N CK	Po d d	OISEASE OR CONDITION GIVEN IN PART 1 (A). 1994-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
C N	A P P P P P P P P P P P P P P P P P P P	WAS PERFORMED YES IN CERTIFYING CAUSES OF DEATH? NO
200	tal by b; (2) B here t do phy before	OR CONTRIBUTING CITY, give exact locofion
BY		OPAIH (noify medical examiner) etc.)
ŒD	pt v (6)	21D. TIME (Month) (Dayl (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
WE	over e ho y nat ccept nd (c	Work At Work
	any (ex	22. I certify that (1) (this haspital) attended the deceased from 19 to 19 19 19
N	sed to sed to ant of spital eath) ust be	and haur and fram the causes stated abave. (1) Wel (did (did not) view the bady ofter death.
S	dent dent ospit dea	23A. SIGNATURE 23B. DATE SIGNED
Ø.	ccid ccid d ho to t	Aftending Med. Shaff 4/25
덢		23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS
AS AS	was ray was ray was ray and and brior approv	MARC LIPPMAN DEGREE The Johns Hopkins Hospital
RELEASED	±\$≘050	24A. BURIAL CREMATION. 24B. DATE MC. NAME of CEMETERY OF CREMATORY 24D LOCATION (City, town, or county) (Stole)
RE	ws: (ws: 0.0	Agural 5/2/69 New-traspect this Such 1/4
	This cert the body shows: (was D.O decease written	25A. DATE REC'D BY HEALTH DEEL 25A NAME OF BEGISTRAY DESCRIPTION ADDRESS ADDRE
		VS 150-REV. 1/1/68

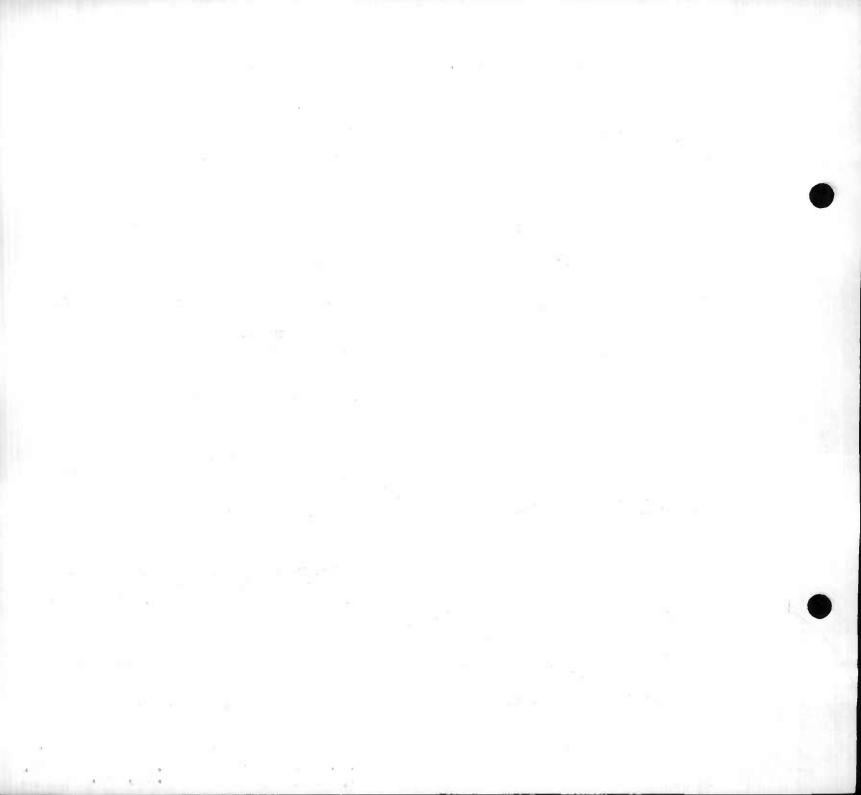


VS 150-REV. 1/1/6B

Such

	0.0	BALTIMORE CITY	HEALTH DEPARTMENT	69 4378
Pur	53	4378 CERTIFICA	TE OF DEATH REG. NO.	00 40/0
1.1	NAME OF DECEASED	ne L. Kelly	2, DATE AND HOUR OF DEATH 4-28-1969	19.30 P. M
3.	PLACE IN BALTIMORE, MARYLAND, WH	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II in	stitution: residence before admission)
FU	ILL NAME OF (IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	Maryland	12-03
II H	OSPITAL OR ADDRESS OR LOCA STITUTION	L OR INSTITUTION, GIVE STREET TION)	C. CITY OR TOWN D. INSI	DE CITY LIMITS?
1	0000 0 1 5		Baltimore	YES NO
	2629 Barclay St	reet	E. STREET AND NUMBER 2629 Barclay Street	
5,	SEX 6. RACE	MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost bightey)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work) ne during most of working life, even if retired)	OB, KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
	Homemaker	Own Home	Gaulway Co., Ireland	U.S.A/
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Michael Lyons		Ellen Cosgrove	
	Was Deceased Ever in U. S. Armed Forces, no or unknown) (III yes, give wor or dotes		17. INFORMANT	ADDRESS
	No	SECORITI NO.	Mr. John J. Kelly	Same
IFICATION	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not meen the mode of heer foilure, osthenio, etc. It meens injury or complication which coused of ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or it is a to the above cause (A) UNDERLYING CONDITION lost, OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONDITIONS AND A PERFE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sym Swly FINDINGS CONSIDERED USES OF DEATH?		
CERTIFIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If In Boltimor	e City, give exoct location)
CAL	DEATH (notily medical examiner)	etc.)		
MEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this hospital) that (1) (ma) last saw the deceased and hour and from the causes state	dalive an agrif 23	19 69 and that In(my) (our api	1967.
	Earl L. Cheim	1	anding Med. Shaff	23B. DATE SIGNED / 4 / 3-9 / 6 9
	23C. PHYSICIAM'S NAME (Type) Dr. Earl	L Chambers	23D. ADDRESS 100 W. Cold Spring Lar	ne .
1	A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 5-1-196	24C. NAME of CEMETERY OF CRE	The second secon	ly, tawn, or county) (State) Md.
25/	APR 29 1969	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR H. W. Jenkins & Son	s Co. Address lto., Md. 21212

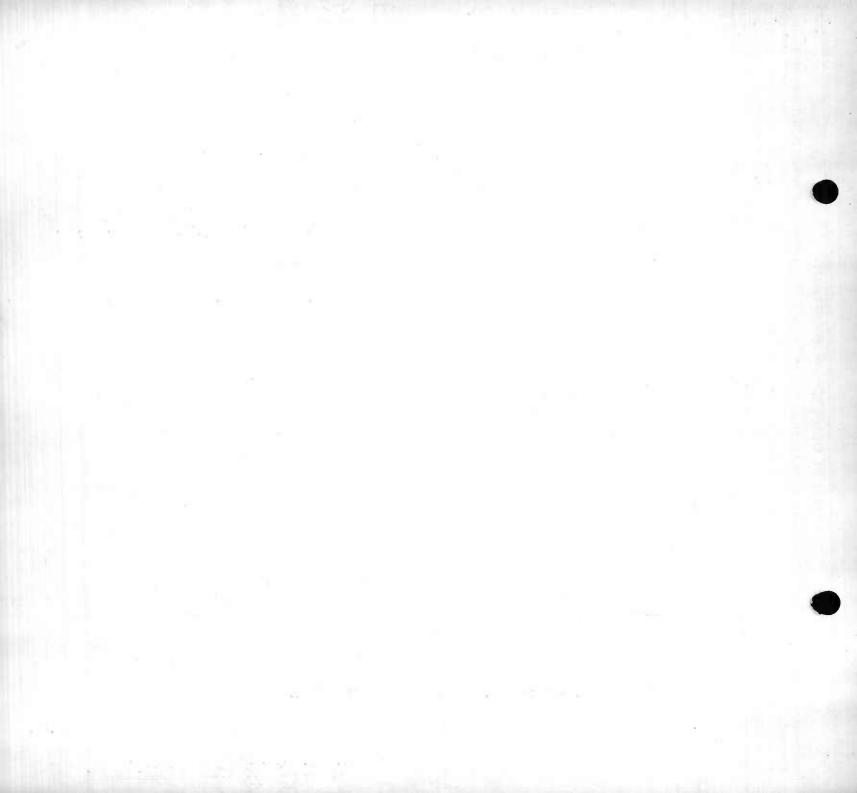




IMPORTANT

DIRECTOR:

FUNERAL



VS 150-REV. 1/1/6B

NO

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

Pa.

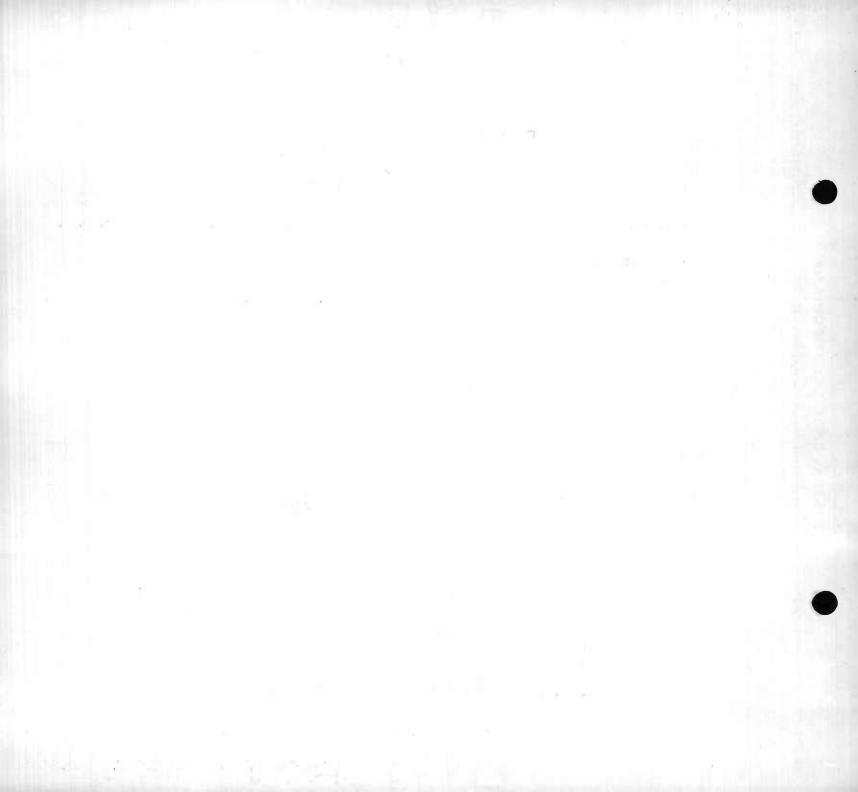
Md.21212

ADDRESS

U.S.A.

ADDRESS

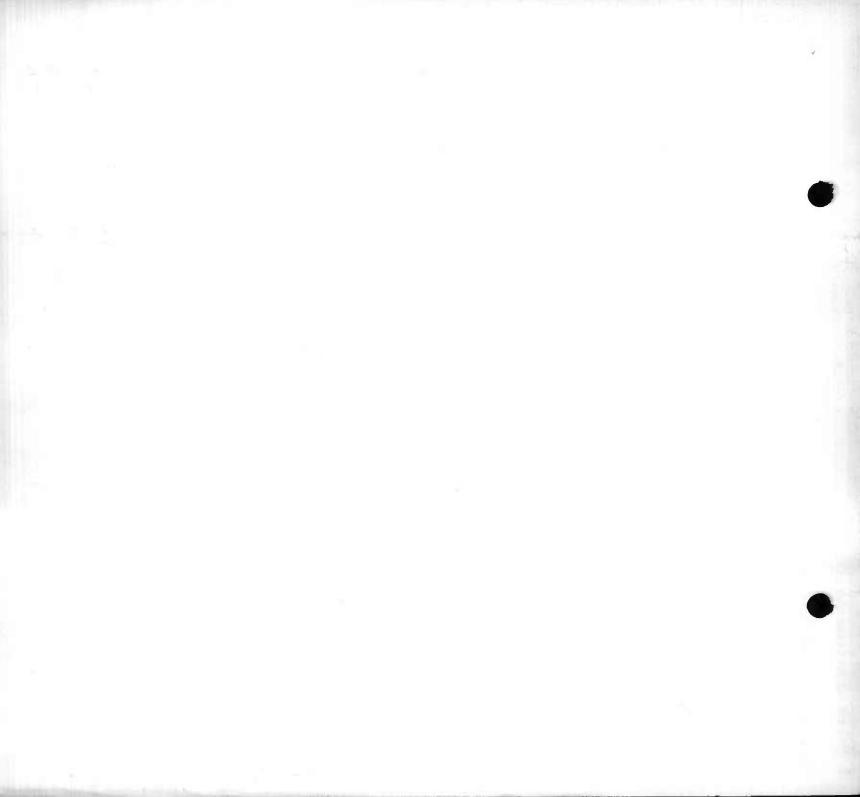
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VS 150-REV. 1/1/68



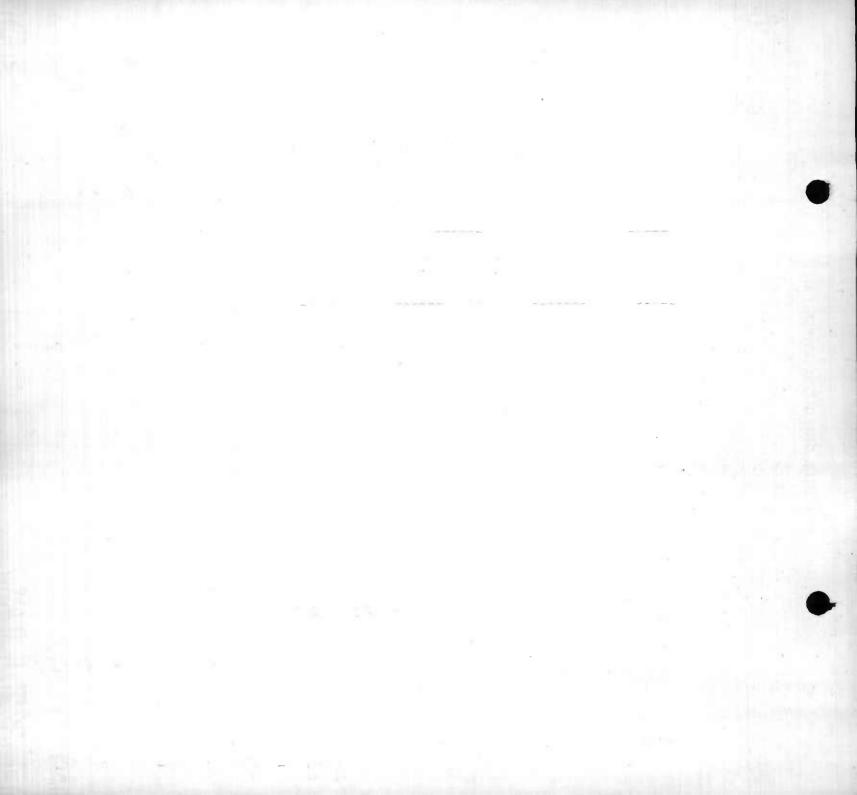
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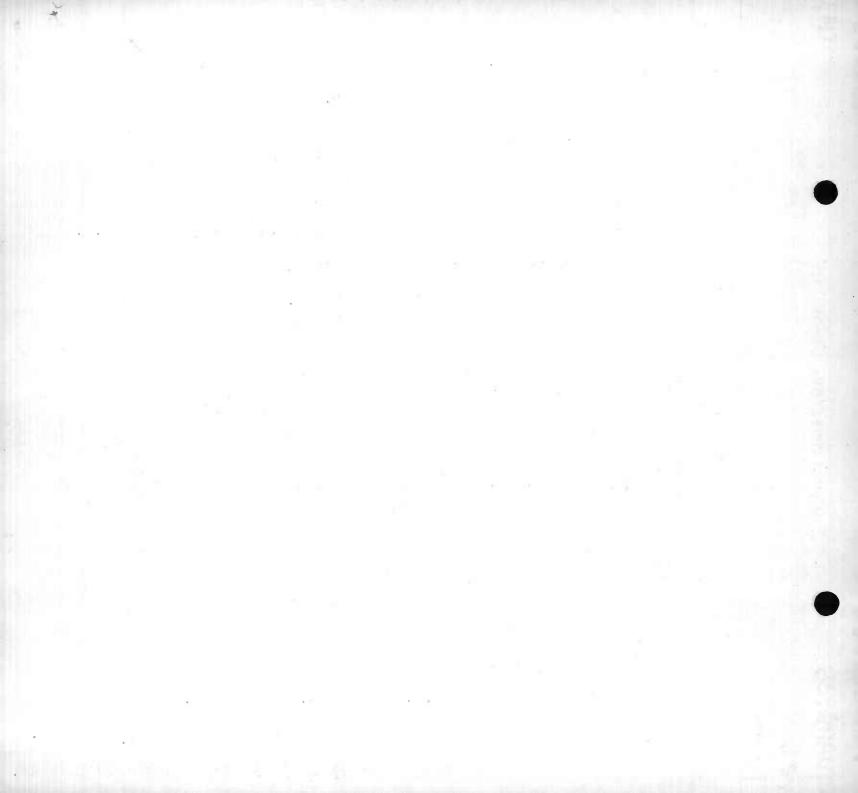


CERTIFICATE OF DEATH Such af death Deceased 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo IRL AFFERTY hospital death. 4. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (2) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR CITY OR TOWN D. INSIDE CITY LIMITS? attend canse; 10 0 YES X NO .= prior MEMORIAI contributi made. 9 9. AGE (In years If Under 1 Yr. 7. MARRIED NEVER MARRIED regul eceased lost birthdov Months Doys DIVORCED WIDOWED 2 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? dispasition done during most of working life, even if retired) Baltimore, Maryland 5 13 PATHER'S NAME 14. MOTHER'S MAIDEN NAME IMPORTANT death 15. Was Deceased Ever in 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO Mother-CAUSE OF DEATH APPROXIMATE INTERVAL D BETWEEN ONSET AND DEATH attend DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart failure, asthenia, etc. It means the disease, DIRECTOR: Uar injury or complication which coused death.) ANTECEDENT CAUSES 5 re 4 DISEASES OR CONDITIONS, if any, DUE TO. OR AS A CONSEQUENC rise to the above cause (A) stating the UNDERLYING CONDITION last. remains physicia MOS 11 FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19 A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Battimore City, give exact tocation) home, form, foctory, street, office bldg., INJURY OCCUR? 0 MEDICAL 0 DEATH (notify medical examiner) obtained 21 D. TIME 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY Not While While At (APPROX.) Work At Work and 22. I certify that (1) (this haspital) attended the deceased from 4-25 19 6 that (1) (we) last saw the deceased alive an... and that in(my) (aur) apinian death accurred an the date pe 0 death) and have and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. aspit must 23 B, DATE SIGNED 23A, SIGNATURE Attending Med. Staff 0 Director approva O 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) eceased Ö REMOVAL (Specify) written shaws: Cemetery 25C. FUNERAL DIRECTOR MOS Matchell-Wiedefeld Home-6500 York Rd. 21212

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT





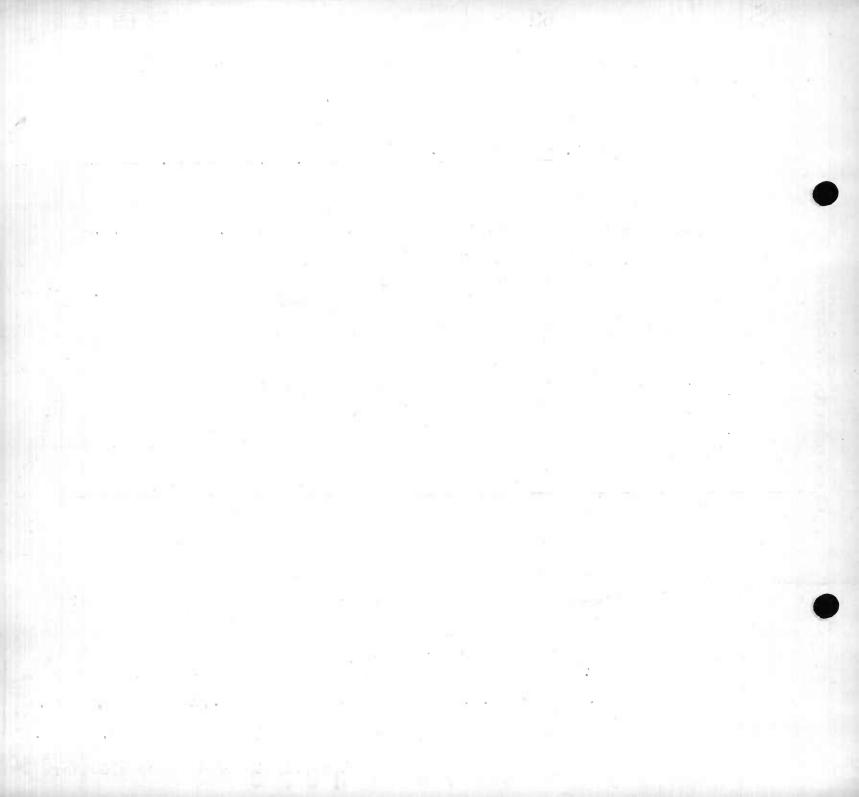
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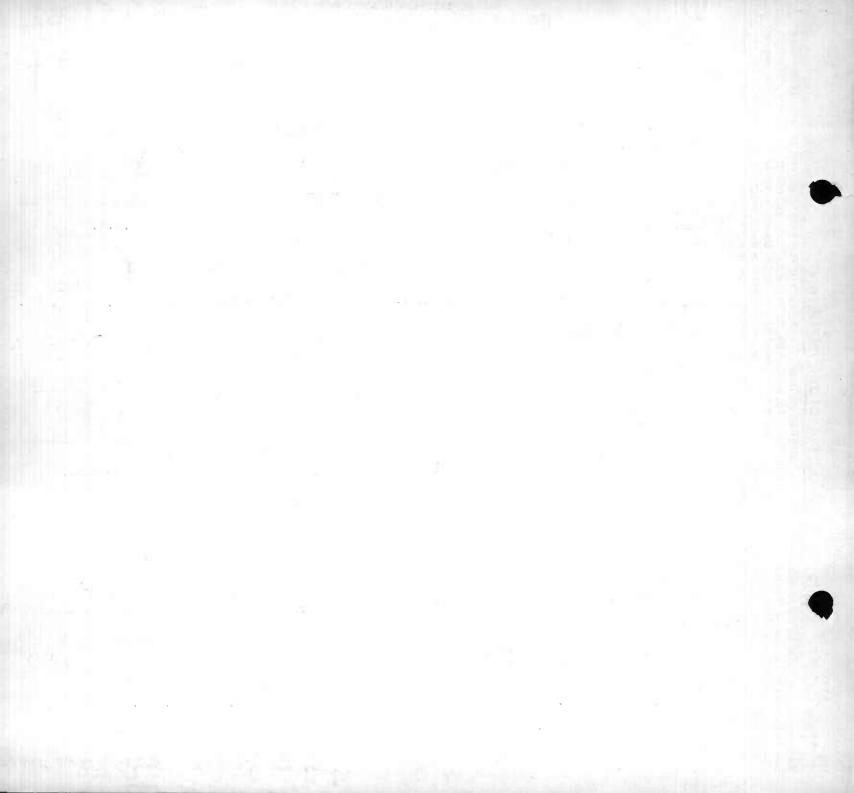
FUNERAL DIRECTOR:

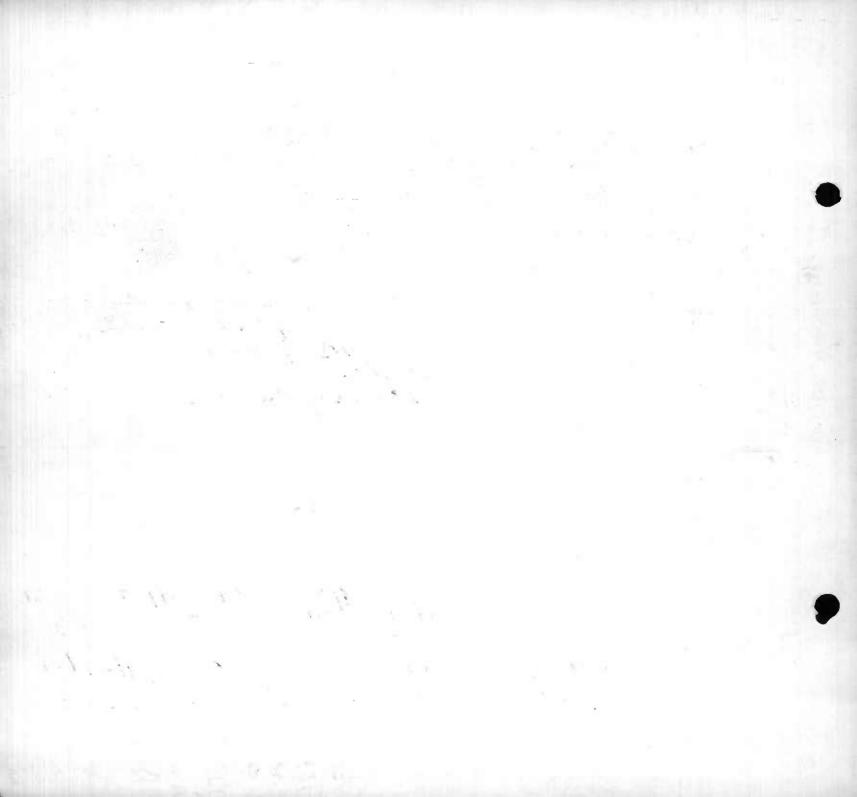
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BALTIMORE CITY HEALTH DEPARTMENT



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	hos use ; (5) dan de	HO	LL NAME OF	(IF NOT IN HOSPITA	L OR INST	ITUTION, GIVE S	TREET	C. CITY OR TO		BALT IMORI		LIANTES	1-00
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	in attended			RN AVENUE				E. STREET AN			120	_	110 (1)
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	0 0 = 4	don	. USUAL OCCU a during most of v	PATION (Give kind of work vorking tife, even if retired) D	108, KIND	OF BUSINESS OR	INDUSTRY			ign country)			WHAT COUNTRY?
	5 5 D E	U	NEMPLOYE	D				MARYL	AND		U.	S.A.	
	if de ect 4) Ur was the sposi	13.	FATHER'S NAM	ΛE				14. MOTHER'S	MAIDEN NA	ME			
=	- V	WI	LLIAM					ANNIE		EAL			
4	B B B O -			Ever in U. S. Armed Ford (If yes, give wor or dote:		1 6. SOCIAL SECURITY	NO.	17. INFORMAN	T			ADDR	21224
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7	- C C C C	ATION		ICANT CONDITIONS CON			1. lu		ad	C	Proces.		
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NERA	hie he he sic	ERTIFIC	OF THE OF	WAS PERF	ORMED	WHICH OFERA	IION	Λ	200	IN CERTIFYING	G CAUSES OF	DEATH?	PERED
)	by by 2) B 2) B 4 6 t phy ore	CER	21 A. ACCIDEN	IT WAS UNDERLYING	2	18. PLACE OF IN	JURY (e.g., i	n or obout 21 C. V	WHERE DID	(tf In Be	altimore City, g	jive exoct	locotion)
	+ = 0 e e	AL		TING CAUSE OF medical examiner		ome, form, foctor	, street, o	tice biag., INJUI	KT OCCOR?				
	Q. G . 3 . B	EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 2	E. INJURY OCC			HOW DID IN	URY OCCUR?			
	D O to to o	ME	(APPROX.)			Vhile At	Not While At Work	e 🔲					
	らら > × E は		22. I certify	that (1) (this hospital				4-	21	19 69 to	4-	25	19.69
	0 . (e			last saw the decease		1/	24	19 6	_		r) apinian de	eath occ	urred on the date
-47	d to			fram the causes stat			did nat)	iew the bady					
	leased to ident of hospital o death)		23A, SIGNATU		1	1		<u> </u>			23B, D	ATE SIGN	ED
	ccid		T	11(00	6 1/1	M	Atte	nding	Med. Director	Staff Phys.		4-	25-69
			23C. PHYSICIA	N'S	11/	1	DEGREE	23D. ADDRESS	שיידי יוכו	HOSPITAI	C		
	ificate y was r y was r y was r A. at d prior			OSOFF, JR.	1/1		DEGREE	4940 EA	STERN A	VE. BALI	CO. MD.	27:	221.
	+	244	BURIAL CRE	MATION 248 DATE	24C.	NAME of CEME	ERY of CR	MATORY	24D, I	OCATION	(City, town		(Stote)
	cert sody s: (D.O ase		BURI	4/28	169	BALTO.	CE	m	C	ALTO.	M	D.	
	the bod shows: was D.C decease	254	DATE REC'D	BY HEALTH DEPT.	258 NAM	OF REGISTRAR	0	25C. FUNE	RAL DIRECTO	ALTO.		AD	DRESS
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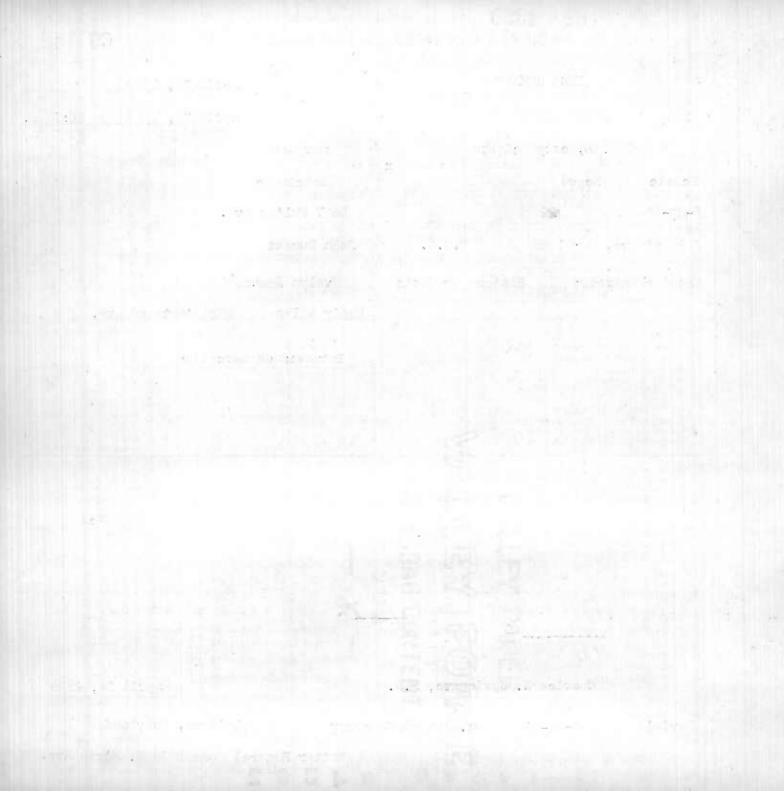
69 4389 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 4389
I. NAME OF DECEASED DATE GROUP	2. DATE Knawn Manth Day Year Hour
(Type or Print) PAUL SHORT	OF DEATH Estimated April 24, 1969 2:10 A _M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yeor Hour PRONOUNCED DEAD Average 2010 A
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	April 24, 1969 2:10 A. 5. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission)
0.1	A CTATE R COUNTY
Baltimore City Hospital	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
77.1	
Male White WIDOWED □ DIVORCED □	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years H Under 1 Yr. If Under 24 Hrs.	6511 Baltimore Avenue
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
TENNO WHAT COUNTRY?	ED, P. SHORT
1.4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of warking life, even if refired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	MARY KLINE 18. INFORMANT ADDRESS 3428
If Yes no or unknown Will yes give wor or dates of service) 1 SECURITY NO.	3.
19. WW II 411-12-7/4	1 DOD ONLY ATT IN TERM
CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE	CAUSE Cerebro-cranial injuries
heort failure, asthenio, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	/AS PERFORMED 21. AUTOPSY? (Yes or No)
O)	
	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING ZOR CONTRIB. 22B. PLACE OF INJURY (e.g., home, farm, factory, street, offi	, in or obout 22C. WHERE DID (If in Baltimore City, give exact location) ce bidg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. NOME	6511 Baltimore Avenue
OF INJURY	
	WORK X Apparently accidentally fell at home
23.	A
I certify that I held an Inquiry Inspection A	
resulted from: Notural causesAccident X Suici	de Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CLASS J. J. M.I.	D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER April 24, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tawn, or caunty) (Stote)
REMOVAL (Specify) BURIAL 4/28/69 BALTO. N	CATL BALFO. MP.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR_	25C. FUNERAL DIRECTOR ADDRESS 300
APR 29 1969 00 AF 3	be 5.5. CONNELLY SOUS MACH
Ulpoeds C. Jax	S. B. CONVELLI SUS MACE

AND THE PROPERTY OF THE PROPER Marian Indiana and and

433 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. BIRTH NO 1. NAME OF DECEASED 2. DATE Knawn 🏋 Month Day Haur (Type or Print) OF INEZ DURANT Estimoted 🔲 23, 1969 April DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Day Yeor Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF 23. 1969 April 11:30 Pm HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 3909 L.berty Heights Maryland C. CITY OR TOWN 6. SEX 7. RACE D. INSIDE CITY LIMITS B. MARRIED NEVER MARRIED Female Negro WIDOWED Baltimore YES X DIVORCED __ NO If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In years lost birthday) Manths , Days , Hours , Min. 1627 Fulton Ave. 6-23-46 11. BIRTHPLACE (State or fareign country) 13. FATHER'S NAME 12. CITIZEN OF WHAT COUNTRY? Baltimore, Maryland John Durant 14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even if retired) Machine Operator Products Evelyn Jonhson Eastern 16. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO **ADDRESS** 18. INFORMANT (Yes, no or unknown) (II yes, give war ar dotes of service) Dasiy Allen 1824 Westwood Ave APPROXIMATE INTERVAL CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Intravenous narcotism LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart fallure, asthenia, etc. It meons the disease, Injury or complication which caused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or Na) Yes 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If In Baltimare City, give exact location) EXTERNAL CAUSE WAS home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) AT WORK WORK 23. Autopsy X I certify that I held an Inquiry Inspection and that an this basis, death in my apinion resulted from: Natural causes X Arecident __ Homicide Suicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED

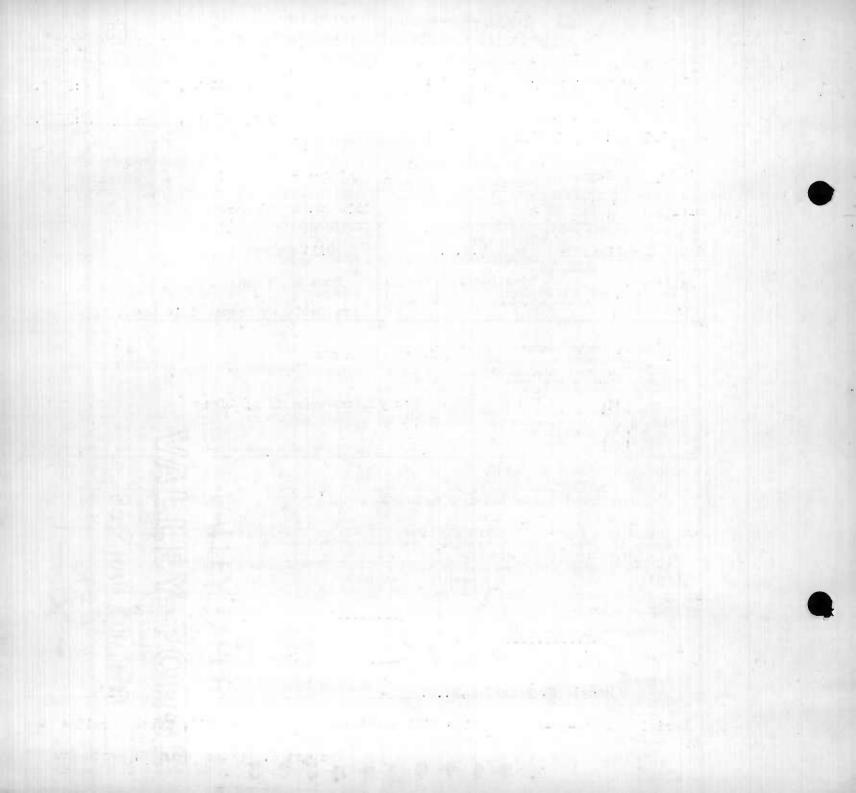
BETWEEN ONSET AND DEATH ACTUAL ASSISTANT MEDICAL EXAMINER K SIGNATURE ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. April 24, 1969 NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION 24A. BURIAL CREMATION, 248. DATE (City, town, ar county) REMOVAL (Specify) Mt. Auburn Cemetery Baltimore, Maryland Burial 4-30-69 **ADDRESS** 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Nutter Buneral Home 3035 W. North Ave. VS 151-REV. 1/1/68



69 4391 BALTIMORE CITY HEALTH DEPARTMENT

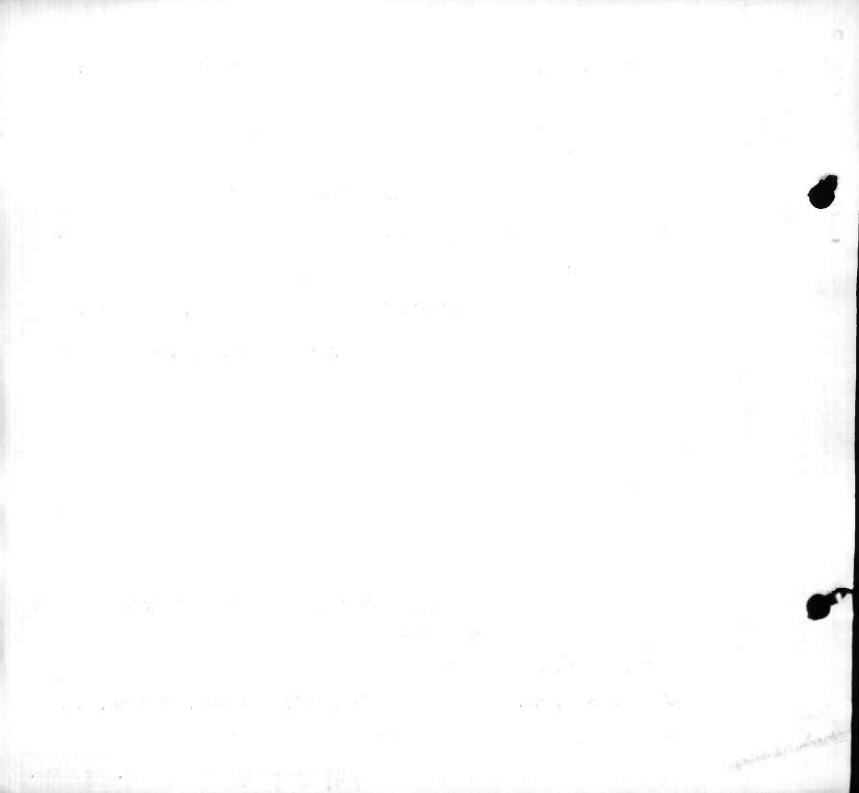
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MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
JAMES ANDERSON	DEATH Estimoted April 24, 1969 6:57 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION.	April 24, 1969 6:57 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
1514 Mt. Royal Avenue	A. STATE Maryland B. COUNTY 14-01
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro widowed □ divorced □	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 1514 Mt. Rotal Avenue
11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
South Carolina WHAT COUNTRY? U.S.A.	Bill Anderson
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	
Janitor Diplomat Apartments	Emma Mc Gowan
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs Deulaney Benns 1514 Mount Royal Ave
19. 5-7 / 81 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Lobar 1	oneumonia
(A)IMMEDIATE	CAUSE
(This does not mean the mode of dying, e.g., heart failure, as the means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
Fatty	Metamorphosis of Liver
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z CONDITION CASI.	***************************************
1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	yes
	in or obout 22C. WHERE DID (if in Baltimore City, give exact location)
☐ UTING ☐ CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(ADDROV)	WHILE
I certify that I held on Inquiry Inspection A	and that on this basis, death in my opinion
resulted from: Natural couses X Accident Suici	
Accident Solici	CHIEF MEDICAL EXAMINER
ACTUAL 1 6 0 1 21/4 1/h	ASSISTANT MEDICAL EXAMINER X
SIGNATURE MI	0.
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M., D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Burial 4-30-69 Zion Hill Ce	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
APR 29 1969 Q. D. A. Entraley	Herbert E. Nutter 3035 W. North Ave
THE PARTY OF THE P	



IMPORTAN

DIRECTOR:



69 4393 BALTIMORE CITY HEALTH DEPARTMENT

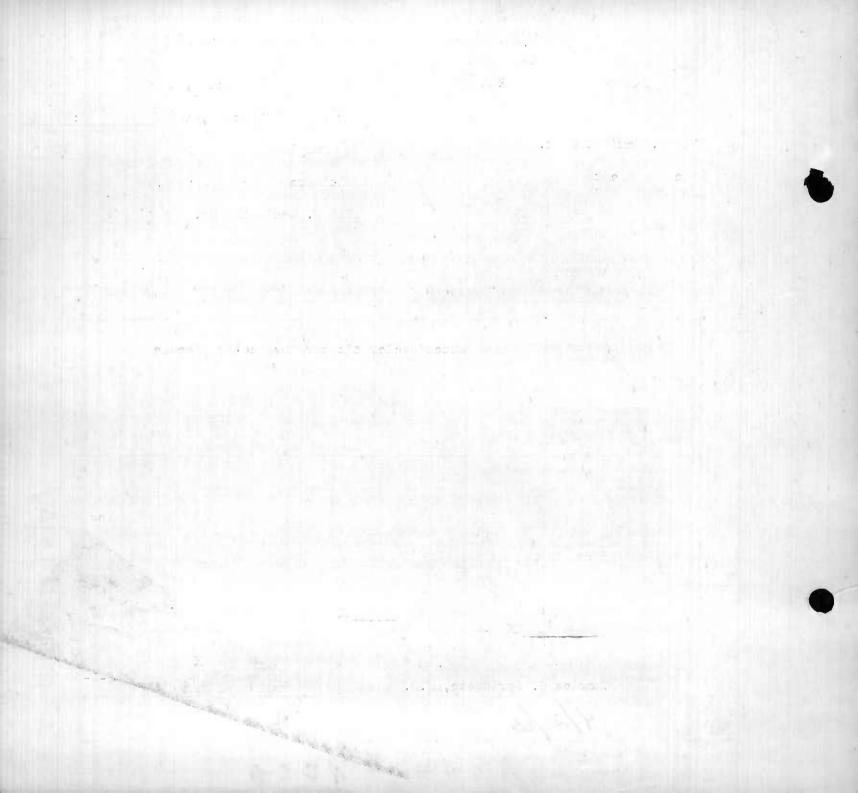
69 4200

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Print) FRANK BURDELAS 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2. DATE
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD April 10, 1969 11:40 A _M 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
423 W. Saratago Street 6. SEX MALL TRUE 8. MARRIED NEVER MARRIED	A. STATE Maryland B. COUNTY 4-0
Male White WIDOWED DIVORCED	Baltimore YES □ NO □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs last birthday) 52 House 1 House 1 House 24 Hrs Manths, Days, Haurs, Min.	
11. BIRTHPLACE(State ar fareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind af work 14B. KIND OF BUSINESS OR INDUSTRI dane during mast of warking life, even if retired)	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown) (If yes, give war or dates af service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DSC Lerotic cardiovascular disease CAUSE AS A CONSEQUENCE OF: RAS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	yes in ar about 22C. WHERE DID (If In Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NO WORK NORK	T WHILE WORK
I certify that I held on Inquiry Inspection Acrond Inquiry Inspection Inquiry Inspection Acrond Inquiry Inspection Acrond Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inspection Inquiry Inqu	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4/11/69
APR 3 0 1969 R. C. Faylow VS 151-REV. 1/1/68	ALD ADDRESS

69 4394 BALTIN

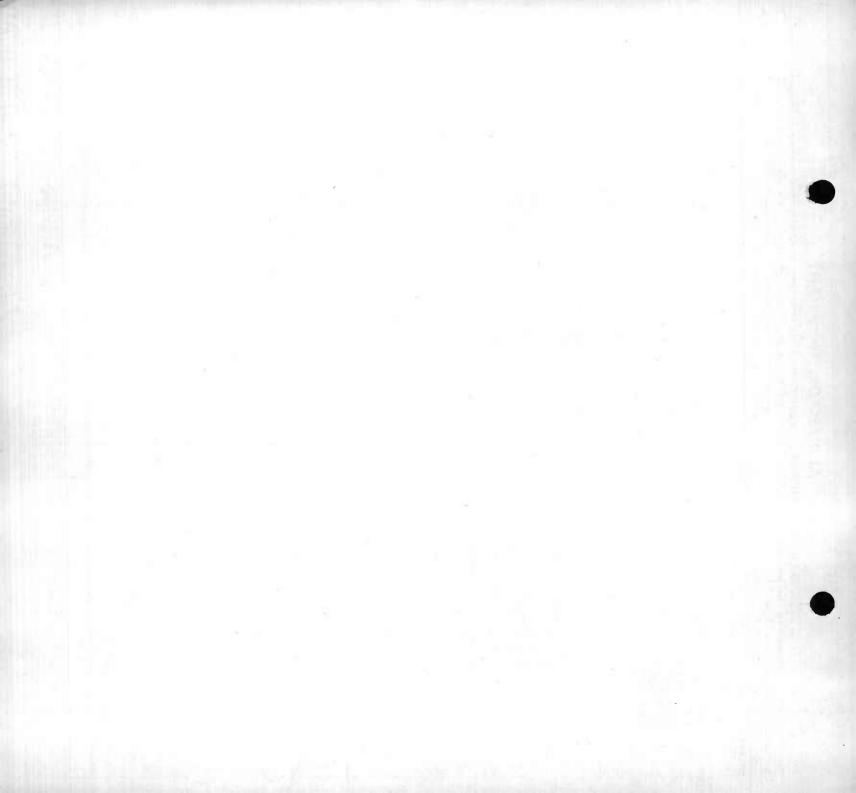
MORE CITY HEALTH DEPARTMENT	CO	4394
	00	400

RII	RTH NO.		MEDICAL	EXAMIN	IER'S C	ERTIFIC	CATE OF	DEAT	H REG. NO			,
1.	NAME OF DEC	CEASED RANK		ELLION		2. DATE OF DEATH	Known K	Month March	8, 1969	Yeor	Hour	
4.				ONOUNCED DE	AD	3. DATE		Month	Doy	Yeor	Hour	<u>M.</u>
HC	L NAME OF SPITAL INSTITUTION	(IF NOT IN ADDRESS (HOSPITAL OR INS OR LOCATION)	TITUTION, GIVE STR	REET		INCED DEAD N ESIDENCE (Whe	farch 8	, 1969	residence l	8:20	A _M
0:	1216 W.	Lexington				A. STATE	Maryland		B. COUNTY	1	8-0	2
	SEX	7. RACE	8. MARR	IED NEVER M	ARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?		
	Male	Negro	WIDOV		ORCED		imore		YES	; 🗆	NO 🗌	
9.	DATE OF BIRT	H IIOs	AGE (In years it birthdoy)	If Under 1 Yr. If U Months, Doys, H			W. Lexir	ngton S	t.			
11.	BIRTHPLACE (S	State or foreign co	ountry)	12. CITIZEN OF WHAT COUN	ITRY?	13. FATHER	S NAME				9	
		PATION (Give kin working life, even i		OF BUSINESS O	R INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME			4	
			. ARMED FORCES or dotes of service		TY NO.	18. INFORM	MANT		AD	DRESS		
CERTIFICATION	(This does no heart loilure injury or con DISEASES (RISE TO THI UNDERLYIN) OTHER SIGN TO THE DE.	i, osthenio, etc. In mplicotion which control of the control of th	de of dying, e.g., neons the disease, pused deoth.) USES 5, IF ANY, GIVING (A) STATING THE I LAST. IONS CONTRIBU ATED TO THE TERM	(A). (B). (C). TING	DUE TO, OR A							
CERTIF			OB. CONDITION	FOR WHICH OPE	RATION WA	AS PERFORM	IED				PSY? (Yes or	No)
MEDICAL	UNDERLYING UTING CA	NAL CAUSE WAS OR CONTRIB	3.	228. PLACE OF II home, form, factory r) 22E. INJURY C	y, street, office	e bldg., etc.) I	2C. WHERE DID NJURY OCCUR? 2F. HOW DID 11			t lacation)		
	23. I cert resul ACTUAL SIGNAT EXAMIN	URE Clean	ral causes XX	Inspection Accident ringate, I	AT W	tapsy XX	and that on omicide CHIEF MEDICAL STANT MEDICAL OCIATE MEDICAL	Undetermi EXAMINER EXAMINER	death in my c	_	DATE SIGN	IED
	A. BURIAL CRE MOVAL (Speci	MATION, 248.	DAJE /20/69	24C. NAME of	CEMETERY		TIVERS	LOCATION	City, tawn,	or county) (Stat	e)
25	A. DATE REC'D	APR 30	369 258. N	AME OF REGIST	asle	25C.	FUNERAL DIREC	TOR SE	RVICE	DORESS	HD	
VS	151-REV. 1/1/68	8		1 0 7	W .	6	0 0	g				



HOSPITAL OR ADDRESS OR LOCATION INSTITUTION BOOK TO BE TO B	MARRIED NEVER MARRIED DIVORCED DIVORCED B. KIND OF BUSINESS OR INDUSTRY CAUSE OF DEAT CTLY Ving, e.g., e disease,	11. BIRTHPLACE (Stote or foreign country) Longland 14. MOTHER'S MAIDEN NAME Childs fine 17. INFORMANT	D. INSIDE CITY LIMITS? YES NO YES NO II Under 1 Yr. If Under 24 Hrs Min. And Hours Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI
S. SEX 6. RACE 7. 10A. USUAL OCCUPATION (Give kind of work in of control o	DIVORCED B. KIND OF BUSINESS OR INDUSTRY 1 6. SOCIAL SECURITY NO. CAUSE OF DEAT CTLY Ving, e.g., e disease,	11. BIRTHPLACE (State or foreign country) Lonyland 14. MOTHER'S MAIDEN NAME CHASSone 17. INFORMANT	Months Doys Hours Min. 3 40 12. CITIZEN OF WHAT COUNTRY LISA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
13. FATHER'S NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) liff yes, give wor or dotes of the control of the con	CAUSE OF DEAT CTLY ying, e.g., e disease,	14. MOTHER'S MAIDEN NAME Chests fine 17. INFORMANT	ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
15. Was Decased Ever in U. S. Armed Forces (Yes, no or unknown) III yes, give wor or dotes of the policy of the po	CAUSE OF DEAT CTLY ying, e.g., e disease,	Chester 17. INFORMANT	ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
This does not meon the mode of the dot failure, asthenia, etc. It means the injury or complication which coused dots.	CAUSE OF DEAT CTLY ying, e.g., e disease,	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not meon the mode of dy heart failure, asthenia, etc. It means the injury or complication which coursed despend to the course of the course o	CTLY (A) IMMEDIATE CA ving, e.g., DUE 10, OR AS e disease,		BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if only ise to the above cause (A) standard of the property of the pro	RIBUTING TERMINAL (A). (A).	in or obout 21C. WHERE DID (If	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH? In Boltimore City, give exact location)
DEATH (notify medical examiner)	Hour) 21E. INJURY OCCURRED While At Not Work At Work	21F. HOW DID INJURY OCCU	R?
22. I certify that (4) (this haspital) of that (4) (we) lost saw the deceased and hour and from the couses stated 23A. SIGNATURE	alive on 4-14-69 I abave. (1) (We) (did) (did nat)	19 19 19 19 19 19 19 19 19 19 19 19 19 1	(our) opinion death occurred on the date of the date o
TANKLYN W. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 4/24/6	24C. NAME of CEMETERY OF CR		MEDICA CHOCK ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT



pital and of death

hospital

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Such the Deceased

death.

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(2) cause

BIRTH NO

1. NAME OF DECEASED (Type or Print)

FULL NAME OF HOSPITAL OR

INSTITUTION

Female

Realtor

5. SEX

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH ROSINA BIGHAM Apr. 28, 1969 2:30 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland D. INSIDE CITY LIMITS? RESIDENCE: City of Baltimore YES X NO E. STREET AND NUMBER 1433 Park Avenue Baltimore, Maryland 1433 Park Avenue 9. AGE (in years If Under 1 Yr. Months: Dovs 6. RACE B. DATE OF BIRTH If Under 24 Hrs. 7. MARRIED NEVER MARRIEDE lost birthdoy Hours May 14,1881 DIVORCED 87 White WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Real Estate USA Baltimore City 4. MOTHER'S MAIDEN NAME Rosina Passano 17. INFORMANT: Niece 6. SOCIAL ADDRESS SECURITY NO. Mrs. Anne G. Huppman, 1433 Park Av., City. CAUSE OF DEATH BETWEEN ONSET AND DEATH

13. FATHER'S NAME John Lindsay Bigham IS. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) NO DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES OR AS A ONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. П ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimare City, give exact lacation home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from

that (I) (we) last saw the deceased alive an. and that in(my) (aur) apinion death accurred on the date and haur and from the causes stated abave. (1) (did) () view the bady after death. 23 B. DATE SIGNED

23A. SUNATURE Staff

Attending Phys. Director PHYSICIAN'S 23D. ADDRESS NAME (Type)

431 E. Lake Avenue, Balto., Md. DEGREE

Phys.

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify)

24D. LOCATION (City, town, or county)

EWART & MOWEN CO.108 W. North Av. City 1

VS 1S0-REV. 1/1/6B

BURIAL MAY
2SA, DATE REC'D BY HEALTH DEPT.

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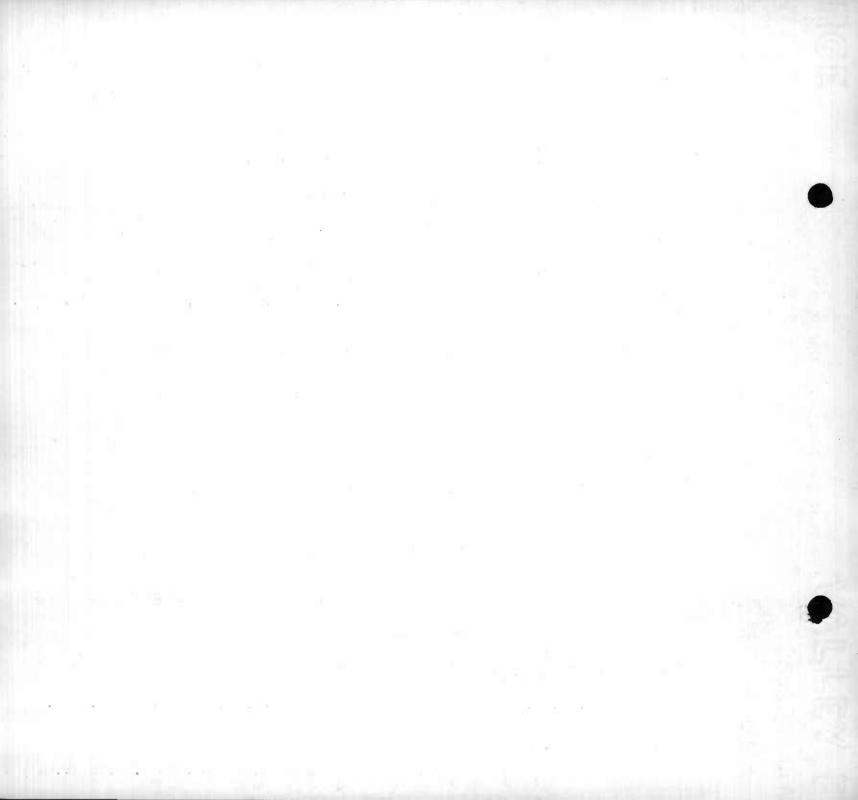
Dr. L. L. Keown

1969

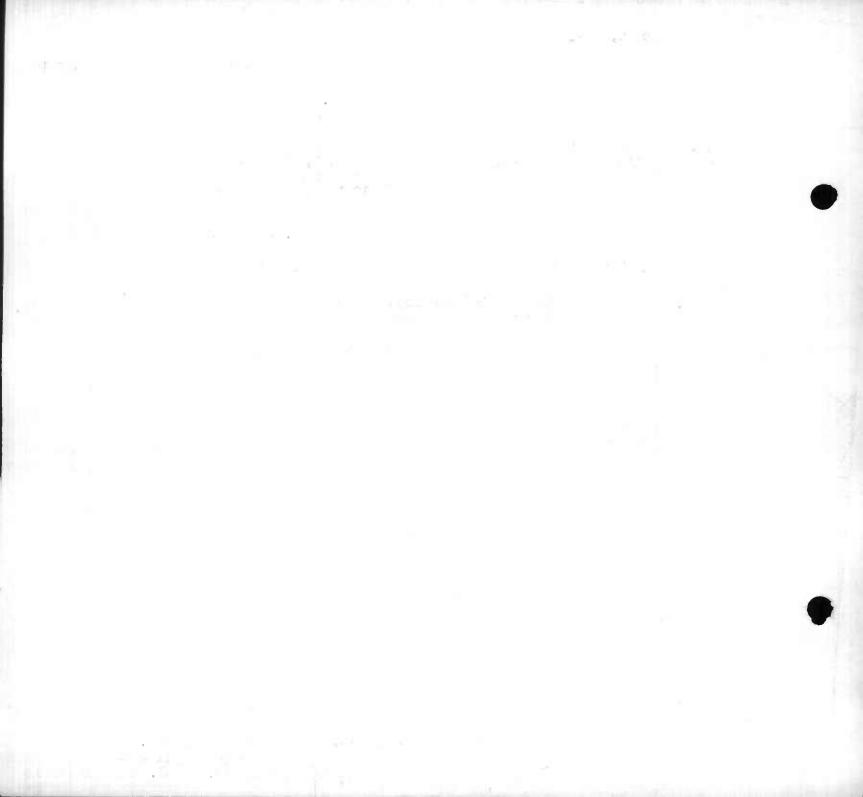
WAS PERFORMED

BANAME OF REGISTRAL

Baltimore, Maryland



V\$ 150-REV. 1/1/68



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BIR	TH NO.		0 4	398 CE	RTIFICA	TE OF DEA	TH	REG. NO	00	4000
	AME OF DECE	DAEHNKE,	WILLIA	AM RUDO	LPH	2, [APRIL 2	of DEATH	9 6:2	5 A.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDEN	CE (Where decea	sed lived. If ins	stitution: residence	before admission
HO	LL NAME OF	(IF NOT IN HOS	PITAL OR INS	STITUTION, GIV	/E STREET	C. CITY OR TOWN	D	212	230 2	5-53
5	10	ST AGNES CATON & W BALTIMORE	HOSPI ILKEN MAR	LTAL S AVENU YLAND	JES 21229	E. STREET AND NU 1809 SPI		REET	YES X	NO 🗌
N	SEX 6. RACE 7. MARRIED NEVER MARRIED				8. DATE OF BIRTH 10-05-94	9. AGE lost birth 74	iday)	If Under 1 Ys. Months Doys	If Under 24 Hrs. Hours Min.	
done	during most of w ANDSCA	orking life, even if retired	ork 108, KIND	OF BUSINESS	OR INDUSTRY	MARYLAI		ryl		S. A.
	FATHER'S NAM	C. DAEHN	KE			LENA S	DEN NAME CHROEDE	2		
15. \	Was Deceased	Ever in U. S. Armed (If yes, give war or d	Forces?	1 6. SOCIA		17. INFORMANT			ADDR	ESS
Yes	YES	WORLD WA		PH 809	817 NO. 98157 JSE OF DEAT	ST AGNES	RECORDS	CATON		
Ē	DISEASES OF THE RESIDENCE OF THE DEATT OF TH	It mean the made is the made i	ns the diseded death.) CES I any, giv.) stating CONTRIBUTING	(a) ASST. M. COLAL F.	15) DUE TO, OR AS	20A. AUTOPSY? (Y	ome			DERED
ol	21 A. A CCIDEN OR CONTRIBUT	T WAS UNDERLYING	N N	218 PLACE OF	INJURY (e.g.,	in or obout 21C. WHERE			City, give exact	
51	DEATH (notify	medicol exomined		oto i	ine 1		59 - April	ui)	VIIII	
3		(Manth) (Doy) (Yea 4-25-69		While At Wark	CCURRED Not Whi At Work	21F. HOW	new in	CUR?		
	22. I certify that (N) (this hospital) attended the deceased from APRIL 25 169 to APRIL 26 1969 that (N) (we) last saw the deceased alive on APRIL 26 1969 and that in (A) (our) apinian death accurred an the date									
- 1						lew the body after		Ki (oor) abrii	nan deam acci	nrea an rne au
	23A. SIGNATUI	er Aww 9	, leb	U he	1	ending Med.	Staff C		23B. DATE SIGN	26,1969
	23C. PHYSICIAN NAME (Ty	rs Pel HERMENI	EGILDO	ISIDR	0	23D. ADDRESS CATON & W			BALTO MI	D. 21229
24A	BURIAL CREA	AATION, 248, DATE		NAME OF CE	DEGREE	EMATORY	24D. LOCATION		, town, or county	
	Burial	4-30		Mt. Oliv			Baltimo	re City	Baltim	ore Md.
25A	DATE REC'D	3 0 1969	25B. NAM	TE OF REGISTR	appen	Howard	RECTOR H. Hubbar	d 4107		Ave. 2122
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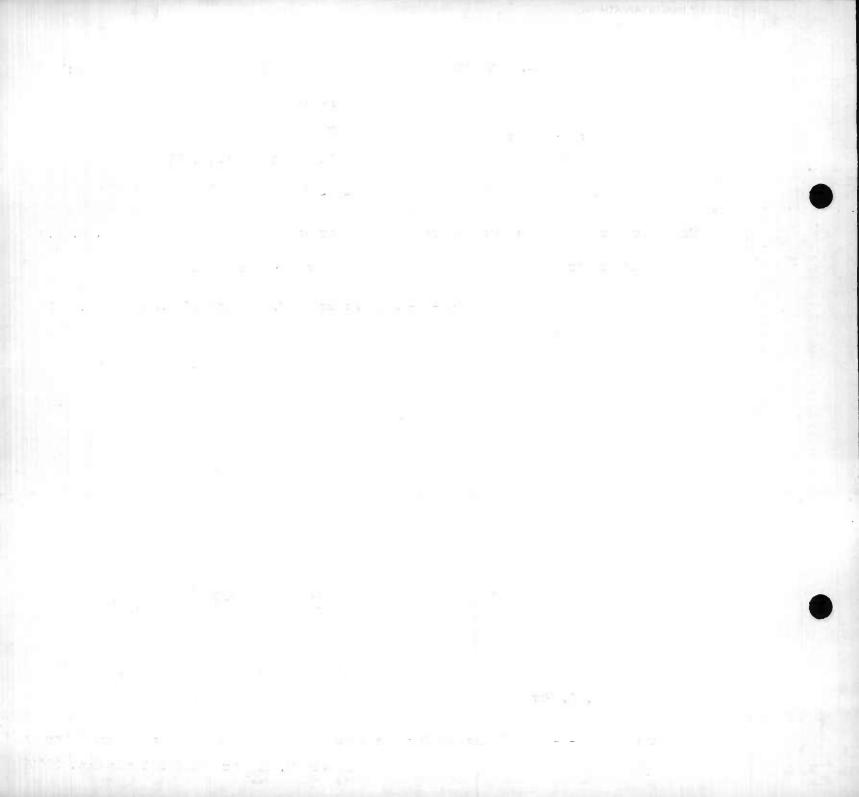
u	1-224	BIRTH NO. 69 4399 CERTIFICA	TE OF DEATH REG. NO. 69 4399
	and eath ased the Such	BIRTH NO.	TE OF DEATH
	an leat sase Th Suc	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
	of death of death Deceased e on the	WINDLE, SAMUEL W.	APRIL 28, 1969 10:00A.
	hospita ise of (5) Dec ance o death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. !! institution: lesidence before admission) A. STATE B. COUNTY
	hospi use o ; (5) D dance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND / Dele Co 53200
	Se; Se; to	INSTITUTION ADDRESS OF LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
		ST. AGNES HOSPITAL	BALT MORE YES X NO
		40 SI. AGNES HUSFITAL	E. STREET AND NUMBER
	0 - 0 - 0 - 0	5. SEX 6. RACE 7. MARRIED MARR	1212 ELMRIDGE AVE. 21229
	contributi termined regular ceased pr	WAKKIED NEVER WAKKIED	8. DATE OF BIRTH 9. AGE IIn years II Under 1 Yr., If Under 24 Hrs. Manths! Days Haurs Min.
	ath occur or contributed the contributed of the con	TAIDOMED DIVORCED	1 01/08/99 IXXXIX 70 I : : : :
	ath collection	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF RUSINESS OR INDUSTRY done during most of working life, even if refired) RETIRED WAPER STRIPPER PAPER &	
	o o o o o o o o o o o o o o o o o o o		VIRGINIA U.S.A.
	if death ect or c 4) Undet was in the dec	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	T. S.	DAVID WINDLE	REBECCA (NEE BURKE)WINDLE
4	B B B O -	15. Wes Deceased Ever in U. S. Armed Forces? (Yes, na er unknown) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT
E	ssista the kind dea ince final	NONE 214-01-8840	Margery N. Windle 1212 Elmridge Avenue ST. AGNES HOSPITAL RECORDS
Ö	s as if any ced adar	18. 44 / 2 4 1 CAUSE OF DEAT	
IMPORTAN	G 0 7 6 2	DISEASE OR CONDITION DIRECTLY	elmal Como - BETWEEN ONSET AND DEATH
3	or or hard of or or or or or or or or or or or or or	CANDING TO DEATH	
••	er. ctur pron lar bair	heart failure, asthenia etc. It means the disease	A CONSEQUENCE OF:
OR	actu pro ular mba	injury or complication which caused death.)	artery trombosis.
270	F.E. + 0 DO	ANTECEDENT CAUSES	artery tromposis.
		Districts on Compilions, it any, giving Doc 10, or As	A CONSEQUENCE OF:
DIR	_ = 33 E = 4	nse to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	ASOUD
0	medical burns; hysicia in was remain		
A	medica medica / burns; physici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	
8	TE Y DE P	DISEASE OR CONDITION GIVEN IN PART 1 (A).	10000000000000000000000000000000000000
FUNER	by a med by a med 2) Body but re the phy physician fore the re	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	(2) I	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY(e.g., i or contributing CAUSE OF home, form, foctory, street, of	
	ナーショ・マー	DEATH Innsify medical examined etc.)	fice bldg., INJURY OCCUR?
			21F. HOW DID INJURY OCCUR?
	proved by the hospita my nature; except whe and (6) No obtained be	While At Not While	• 🗆
	0 0 0		DD11 17 60 ADD11 30 60
	the dany (ex	The state of the s	PRIL 17 19 69 to APRIL 28 19 69
		that (1) (we) last saw the deceased alive an APRIL 28	19.69 and that In(my) (our) apinian death accurred on the date
		and haur and from the causes stated above. (1) (We) (did) (did not) v	lew the bady after death.
	7 4 0 2	23A. SIGNATURE	23B, DATE SIGNED
	E + C + C	Medical Phys	
	0 - 0 - 5 - 5	NAME (Type)	CATON & WILKENS AVES.
	P A P G	ALEJANDRO MEJA DEGREE	ST. AGNES HOSP; BALTO, MARYLAND 21229
	LTL UU	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORT 24D. LOCATION (City, town, or county) (Stole)
		Burial 5-1-69 Mt. Olivet Cem	etery Frederick , Maryland
	This certhe bocs shows: was D. deceas	25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	*********	APR 30 1969 Robert E. Lanberg	Howard H. Hubbard 4107 Wilkens Ave. 21229
		VS 150-REV. 1/1/6B	

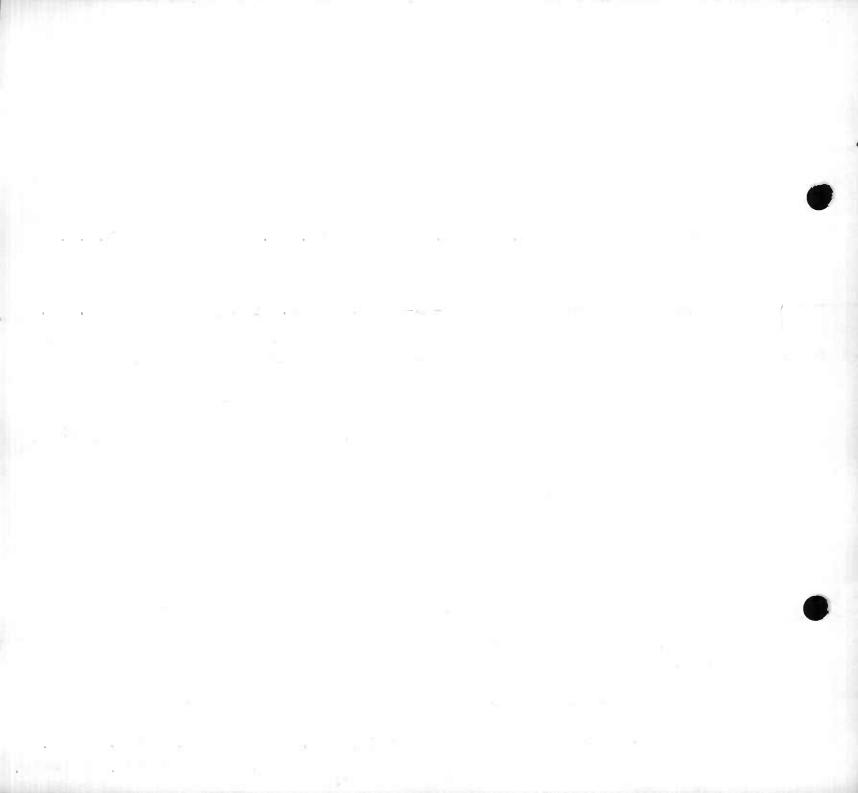
E TOUR LETTER TOUR BOOK OF THE LETTER TO THE - M. . W. L. J. R. S. S. S. S. DEFINE STREET The second of th

			69.4	141	BALTIMORE CIT			Y are at	. (69	4400	
	TH NO.				CERTIFICA	TE OF D	EATH	REG. N	U		1100	
	IAME OF DEC pe or Print)	BURKHE	AD HA	RR	Y			L 28, 1		,	8:3	5A
3.	PLACE IN BAL	TIMORE MARYLAN				4. USUAL RES	DENCE (Whe	re deceased live	d. Il inst	itution; resi		
FU H C	LL NAME OF	(IF NOT IN HO	SPITAL OR I	NSTITU	JTION, GIVE STREET	MARYLA C. CITY OR TO	ND B	ALTO CO	UNT		53-	00
40 ST. AGNES HOSPITAL						ESSEX E. STREET AN	D NUMBER			YES 🗌	ио 🕅	4
5. \$	SEX	6. RACE	7. MAD	NED [X NEVER MARRIED	8. DATE OF BIE		9. AGE (In year		II Hadas '	1 Ve li tted	24 No
	MALE	12/20/	79	lost birthday)		Months E		er 24 Hr: Min.				
ion	e during most of ET I RED	MARYLA		ign country!		U.S	A.	COUNTI				
3.	FATHER'S NA	ME				14. MOTHER'S	MAIDEN NA	ME				
		Unknown				τ	Jnknown					
5. Yes	Wos Deceased s, no or unknown!	Ever in U. S. Armed	Forces?	vice)	1 6. SOCIAL SECURITY NO.	17. INFORMAN				-	ADDRESS	
N	ONE				705-07-8771	ST. AG	NES HO	SPITAL	REC	ORDS		
		SE OR CONDITION LEADING TO DEA at mean the mode	\TH		CAUSE OF DEAT	& my	occur	real			APPROXIMATE II TWEEN ONSET A	
	heort failure, injury or cam	osthenia, etc. It mapplication which can ANTECEDENT CAL	eans the discussed death.)	ease,		A CONSEQUENC	jant	ron				
	rise to the	OR CONDITIONS, obove couse CONDITION last	(A) stoting	iving Ihe	(C)	A CONSEQUEN	CE OF:					
ATION	TO THE DEAT	II ICANT CONDITIONS H BUT NOT RELATED ONDITION GIVEN IN	TO THE TERM!		***************			************************				
		OPERATION 198.			HICH OPERATION	20A-AUTOP	SY? (Yes or No	10 CERTIFYING	WERE FING CAUS	IDINGS C	ONSIDERED	
U	21 A. ACCIDEN OR CONTRIBU DEATH (notify	IT WAS UNDERLYING CAUSE OF	ie 🗌	21 B. home	FLACE OF INJURY (e.g., i e, form, foctory, street, o	n or about 21 C. W ffice bldg., INJUR	HERE DID	(If in Bo	oltimore	City, give	exoct location)	
MEDI	21 D. TIME OF INJURY (APPROX)	(Month) (Doy! (Y	ear) (Hour)		INJURY OCCURRED Not White At Work			URY OCCUR?				
22. I certify that (I) (this hospital) attended the deceased fram APRIL 26 19 69 to APRIL 28 19 69 that In(my) (aur) apinion death occurred an the date												
ond hour and from the causes stoted obave. (1) (We) (did) (did nat) view the body ofter death. 23A. SIGNATURE Charles Charles Charles Color MD DEGREE Phys. Director Phys. 23B. DATE SIGNED 428/09												
								Phys.	2	3R DATE	5011.0	
	PHTSICIA NAME (T)	ype)	LANCEL	OT	TA MD	ST. AGN		TMORE, SP;CATON	MAR V &	WILK	ENS AV	ES.
4A	BURIAL CREA	MATION, 248, DAT			ME of CEMETERT OF CR	MATORY	24D. L	OCATION	(City,	town, or o	countyt	(Stote)
15.	Burial	5-1-		Me	adowridge Cem		Dor	sey Rd.	Нс	ward		ylan
ιδΑ	APR	3 0 1969	25B, NA	MEO	FREGISTRAR Farbe		H. Hu	bbard 410	07 W1	lkens	Address Ave. 2	1229
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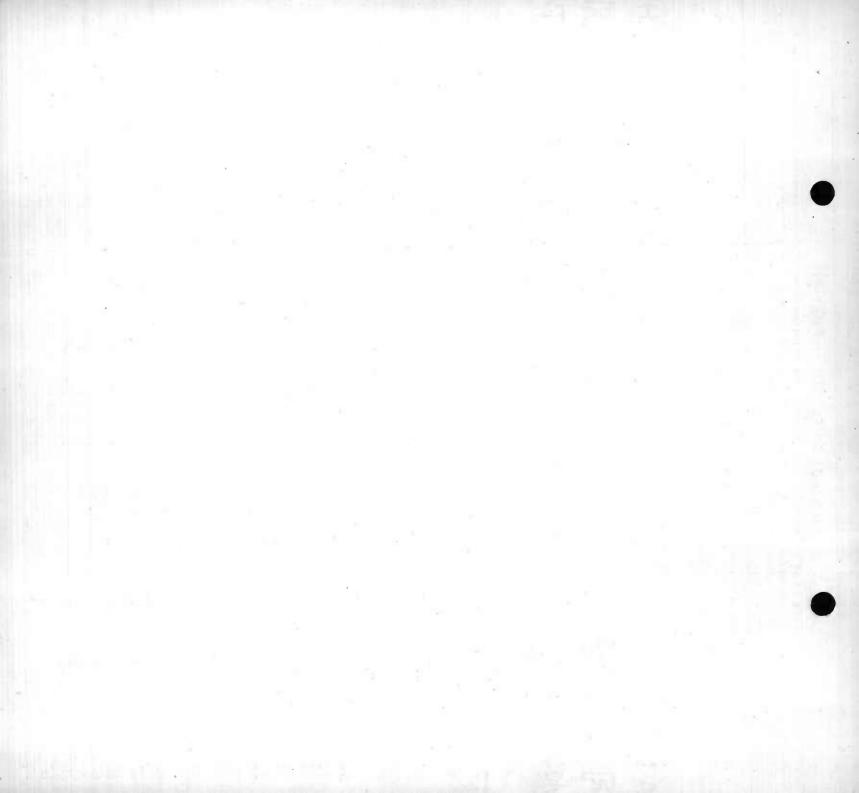
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-26	0 69	4403	CERTIFICA	TE OF DEATH	REG. NO	-69	4403
NAME OF DE	CEASED				ND HOUR OF DEATH	Н	
Type or Print)	SAMUEL	MAZOR		APR1	1 25 1969	1 1	0.25 D
3. PLACE IN BA	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE WHO	ere deceased lived. If	institution: rasi	dence before admissio
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITUT	ON GIVE STREET	Maryland		211-	40
HOSPITAL OR	ADDRESS OR LOCA		ON, ONE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIM	πs?
				Baltimore		YES X	NO 🗌
1/2	SINAI HOSP	ITAL		E. STREET AND NUMBER	Sign of		
42				8. DATE OF BIRTH	P. AGE (In years		
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Months D	Yr. If Under 24 H oys Hours Min.
MALE	WHITE	WIDOWED	DIVORCED	July 2, 1908	60		
	CUPATION (Give kind of world of working lite, even if retired)	108 KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZE	N OF WHAT COUNT
		Taxi C	ah	Daltina	ha 1(at) =	- 1	USA
Chaus	AME	Ture c	((0)	14. MOTHER'S MAIDEN NA	Me, mary car	ta '	
	Julius Me	azor.		Data 2			
5. Was Decease	ed Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMANT		A	DDRESS
WW 2	(If yes, give wor or dote	s or service)	SECURITY NO.	Mrs Mary Mazo	r-3111 Banc	shalt Da	
18. // »	5 1 .		CAUSE OF DEAT		restill band		APPROXIMATE INTERVAL
41	dil					BET	WEEN ONSET AND DEA
DISE	ASE OF CONDITION DI LEADING TO DEATH	RECTLY		C. V	. 4		des
(7) :- 1 :-			(A) IMMEDIATE CAL	JJC	• /-		day
	not meon the mode of e, osthenio, etc. It meons		DUE TO, OR AS	A CONSEQUENCE OF:			
injury or co	emplication which coused	deoth.)		1 1 -			
	ANTECEDENT CAUSES			-A SHD		7	JYLAVS
	OR CONDITIONS, if	,	DUE TO, OR AS	A CONSEQUENCE OF:			
	he obove couse (A)	slaling the	(c)				
-			(0)				
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING					
TO THE DE	ATH BUT NOT RELATED TO T	HE TERMINAL					
	OF OPERATION 198. CON	DITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B, IF YES, WER	E FINDINGS C	ONSIDERED
E	WAS PER	FORMED			IN CERTIFYING C	AUSES OF DE	AIH
21A. ACCID	ENT WAS UNDERLYING	21B. PL	ACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltim	ore City, give	exact location)
DEATH (noti	BUTING CAUSE OF fy medical examiner	etc.)	torm, roctory, street, o	ffice bldg., INJURY OCCUR?			
	(Month) (Doy) (Year)	(Hour) 21E. IN	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
21D. TIME		While					
(APPROX.)		Work	☐ At Work			/	
22. I certif	y that (1) (this hospita	l) ottended the		, 3 //3	19 JZ to	4/25	19 6 9
that (I) (we	e) last sow the decease	ed alive on	4/221	6 9 19 ond t	hot in (my) (our) o		
ond haur a	nd from the couses sto	ted obove. (1)	(We) (did) (did not)	view the body ofter death.			
23A. SIGNA		h 6	4	,		23B, DATE	SIGNED
	H Sin	los 1		ending Med.	Staff	4/2	/
23C BRIVETO	IANE	1	DEGREE Phy	s. Directar 23D. ADDRESS	Phys. \square	1/6	0 / 0 /
23C. PHYSIC NAME	(Type)			23D: MUDRESS			
ISR	AEL ZIMBERG		DEGREE	4000 W Northe	rn Parkwau		
REMOVAL	REMATION, 248. DATE	24C, NAN	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or	county) (Stote
	100 044	0					
BURIAL	APK 77/6	See HAAR OF	odse Zedek	25C. FUNERAL DIRECTO	altimore. M	anuland	ADDRESS
SA. DATE REC	D BY HEALTH DEPT.	23BANAME OF	KEG151KAR	25C. FUNERAL DIRECTO	K	or egiculatur	ADDKE22
5A. DATE REC	R 30 1969	(1) A	Es for One	SC. FUTNOON			

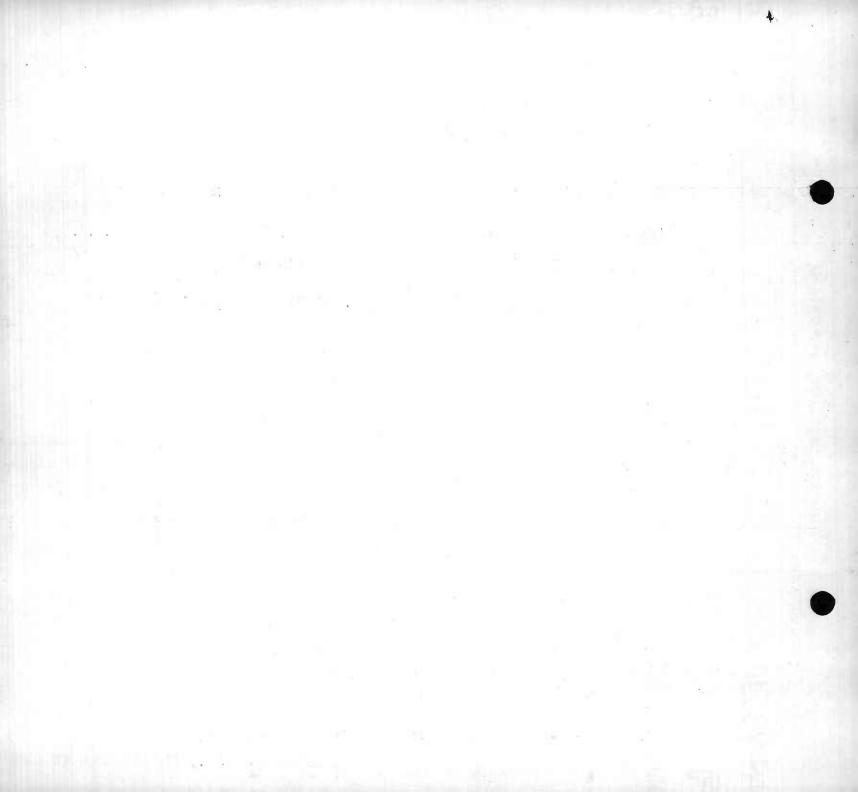
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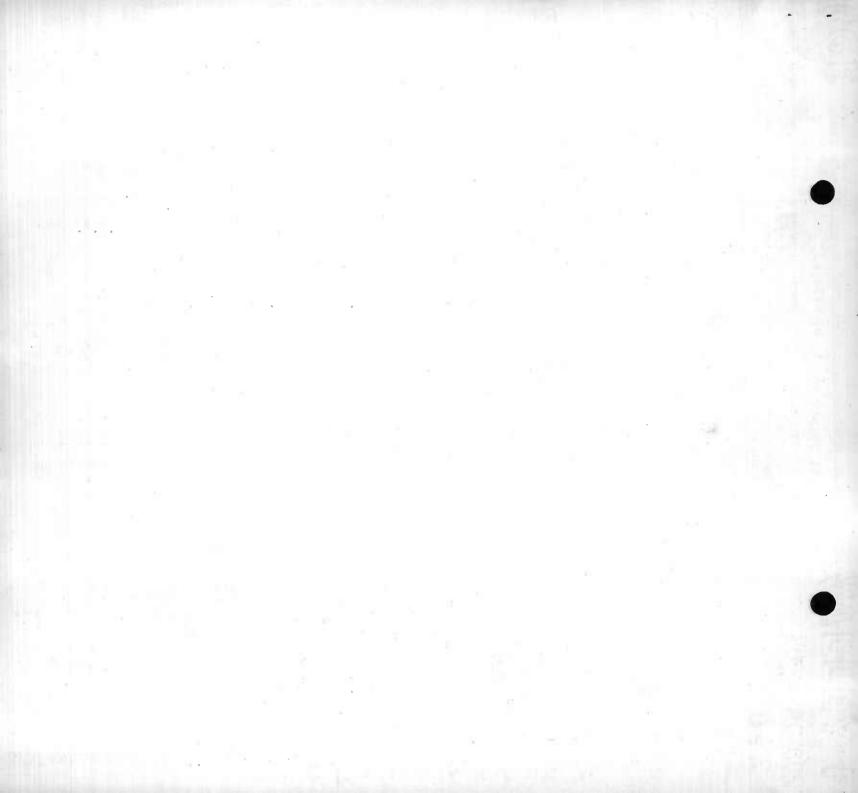
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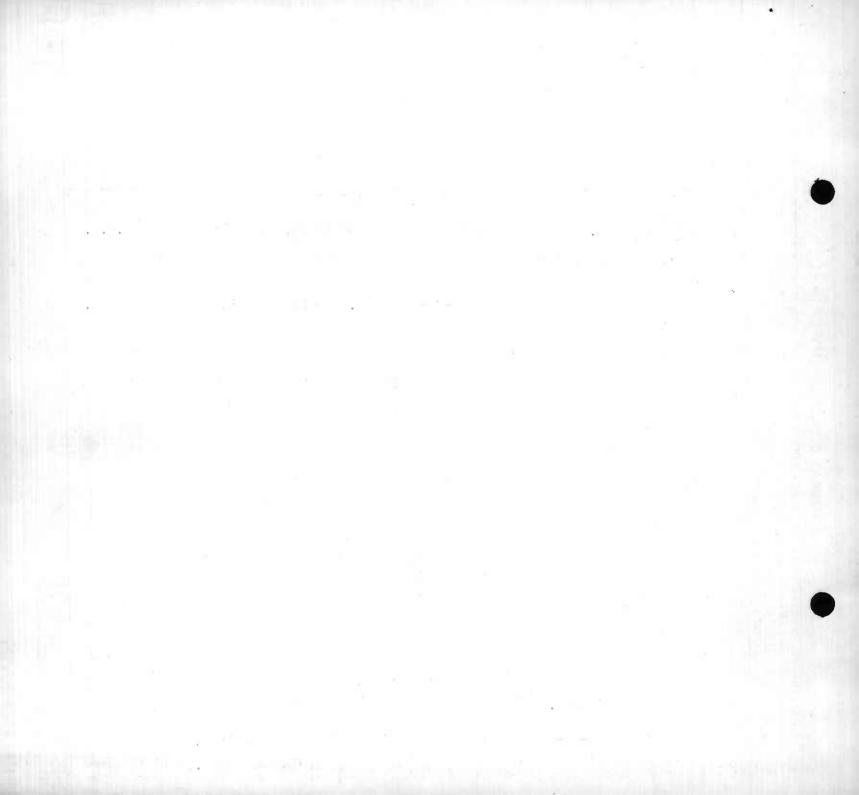
11	F .	BALTIMORE CITY	HEALTH DEPARTMENT		00 440	
14	752 69 4	404 CERTIFICA	TE OF DEATH	REG. NO.	69 4464	
	TH NO.	CERTITION				
	AME OF DECEASED			ND HOUR OF DEATH	-00 B	
	BELLE HANCOFF			26, 1969	5 P.M.	
	PLACE IN BALTIMORE, MARYLAND, WHERE PR		A. STATE B. COU	ere deceased lived. If in: NTY	stitution: residence before admission)	
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) TITUTION	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?	
	3413 MENLO DRIVE		BALTIMORE E. STREET AND NUMBER		YES NO .	
	00	•		DRIVE		
5. S	6. RACE 7. MARI	RIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.	
	FEMALE WHITE WIDO	WED DIVORCED	JUNE 28, 1909	59		
	. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?	
		AT HOME	BALTIMORE, MARYLAND U.S.A.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
	CHARLES HOROWITZ		ROSE BLUMEN	THAL		
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(163	NO	SECURITY NO.	MR. MORRIS HAN	COFE 3A13 M	ENLO DRIVE #15	
-	118.	CAUSE OF DEATH	1	CUIT, STIS M	APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY	CAUSE OF BEAT			BETWEEN ONSET AND DEATH	
	LEADING TO DEATH		Constantin	- B- 1 - +	2 785	
	(This daes not meen the mode of dying,	e.g., DUF TO, OR AS	ISE CONCENTIONS A CONSEQUENCE OF:	. //04000	~ / // 3	
	heart failure, asthenia, etc. It means the dise injury ar camplication which coused death.)	eose,				
	ANTECEDENT CAUSES		914			
		(B)	A CONSEQUENCE OF:		***************************************	
	DISEASES OR CONDITIONS, if any, gi	9	A CONSEQUENCE OF:			
	UNDERLYING CONDITION last.	(C)				
2 0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI					
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION 1	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?	
ER	TIA ACCIDENT WAS UNDERLYING	210 BLACE OF INITION (o. a. i	7 7	(Af 1- D-14)	- 60	
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)	
-	21D.TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
ME	OF INJURY (APPROX.)	While At Not Whil	e 🗖			
-		Work At Work				
	22. I certify that (I) (this haspital) oftend	ed the deceased from M	mel	1969 to or	ul 26 159,	
	that (I) (we) last sow the deceased alive	on much	19 6 9 ond ti	hot in (my) (eut) opin	nion deoth occurred on the dote	
	and hour and from the causes stated above	ve. (I) (We) (did) (did not) v	iew the body ofter deoth.			
	23A. SIGNATURE				23B, DATE SIGNED	
	less a 11	0h.	mding Med.	Staff Phys.	14/28/69	
	23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS	rnys.	11/11/01	
	LEON SHEER		6715 PARK HEI	GHTS AVENUE		
		DEGREE				
24A	REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY of CRI	MATORY 24D.	LOCATION (Ci	ty, town, or county) (State)	
		CHIZUK AMUNO (AR	LINGTON) BAL	TIMORE, MARY	LAND	
25A		ME OF REGISTRAR	25C FUNERAL DIRECTO	P	REISTERSTOWN ROAD	
VS	150-REV. 1/1/6B	SCO CANADOCA	140	1		



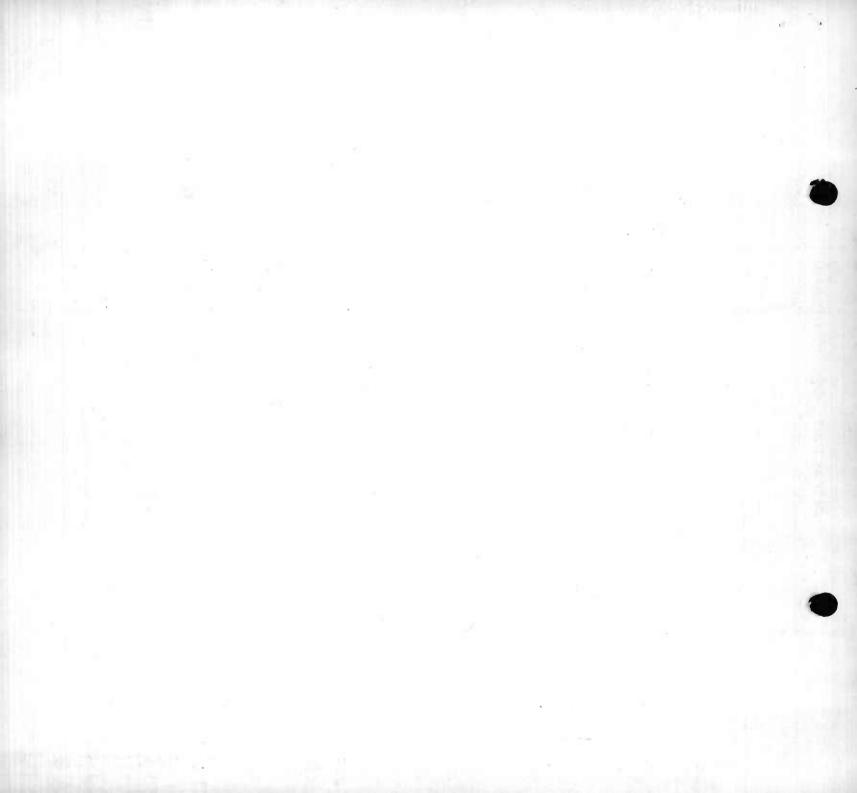
5-	11	69	1 445	BALTIMORE CITY	HEALTH DEPARTMENT		69 4405		
	75	00	3 44(CERTIFICA	TE OF DEATH	REG. NO.	00 4400		
	ME OF DEC	EASED				ND HOUR OF DEATH	^		
	or Print)	ANNE SELE	NKOW		-		9 A.		
3. P	ACE IN BAL	TIMORE MARYLAND, W		INCED DEAD	APRIL 27, 1969 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission				
					A. STATE B. COUNTY				
	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	MARYLAND				
IN S	TUTION	7100111100 011 100			C. CITY OR TOWN D. INSIDE CITY LIMITS?				
57	29 CLOU	ER ROAD			BALTIMORE E. STREET AND NUMBER		YES X NO		
	0.0	Lik Korkb			5729 CLOVER	DOAD			
-		I nage	T				II Under 1 Yr. , If Under 24 Hrs.		
S. SI		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.		
	MALE	WHITE	WIDOWED [74			
		JPATION (Give kind of work working life, even if retired)	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BtRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY		
JUILE	HOUSEW1		AT HO	DME	BALTIMORE, MARYLAND U.S.A.				
3. F	ATHER'S NA				14. MOTHER'S MAIDEN NAME				
	0711311	1110000			ari illar				
£ 14	SIMON S		?	11.6 SOCIAL	JENNIE 17. INFORMANT	?	ADDRESS		
Yes,	no or unknown	(If yes, give wor or dote	rces: es of service)	SECURITY NO.	IV. INFORMANT		ADDRESS		
	NO			220-30-3906	MR. ALBERT E. S	ELENKOW. 26	04 TANEY ROAD		
	B. 100	Ø) 1		CAUSE OF DEATH	1		APPROXIMATE INTERVAL		
	DISEAS	E OR CONDITION DI	RECTLY		(1) -11	11 1-1	J		
		LEADING TO DEATH		(A) IMMEDIATE CAU	SEL A. U.Yelk 1	relastaso	es year		
		at mean the mode of asthenia, etc, II means			A CONSEQUENCE OF:	1			
		plication which caused		100	LOI UN SITTI		/		
		ANTECEDENT CAUSES	5	sou	rei mader	nicula			
	DISEASES C	R CONDITIONS, il	anv. giving	DUE TO, OR A5	A CONSEQUENCE OF:				
	rise to the	a abave cause (A)							
	UNDERLYING	CONDITION last.		(c)					
7		II							
		CANT CONDITIONS CO							
	DISEASE OR C	ONDITION GIVEN IN PAR	RT 1 (A).		20 A A LIZO DEVO (V N	1 200 is yes were	FINDINGS CONSIDERED		
ERTIFIC	19A. DATE OF	OPERATION 198. CON	FORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA			
E .) A COLOR	IT WAS HAD FOLYING	T loss	DIAGE OF INITIANA		(14 :- P-11:	City of the state		
	OR CONTRIBL	NT WAS UNDERLYING [ITING [] CAUSE OF	hom	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Baltimor	re City, give exact location)		
CAL	DEATH (notify	medical examiner	etc.)						
	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?			
>	(APPROX.)		Whi	ile At Not While	е	, , ,			
		1 111 1 1 1			Munol	10/28 /11	exent 19		
				he deceased from		1900 10 100			
	that (1) (we)	lost saw the decease	ed olive on	aprilo	19.69 ond th	not in (my) (dur) opl	nion death occurred on the date		
	and hour and	from the causes sta	ited obove. (1) (#e) (did) (d idina t) v	iew the body after death.				
	3A. SIGNATU	IRE 0) ~	1110			23B. DATE SIGNED		
	(Z)ex	MAIA. D	11120	A Dhue	mding Med.	Staff Phys.	4/28/69		
	23C. PHYSICIA	N'S	Je cyc.	WE GREE!	23D. ADDRESS	,	1/0/0/		
	NAME (T		BERGEN		3809 CLARKS L	ANE			
	ALIALA 2			DEGREE			the tarres of accounts (S)-1-1		
44A.	REMOVAL	MATION, 24B. DATE	24C. N/	AME of CEMETERY OF CRI	MAIURT 24D. L	OCATION	ity, town, or county) (State)		
	KEILLO LVE !	1 - /							
	BURTAI		9 HEBI	REW FRIENDSHIP	BAL	TIMORE. MAR	YLAND		
25A.	BURIA			REW FRIENDSHIF	25C. FUNERAL DIRECTO	TIMORE, MAR	ADDRESS		
25A	BURIA	4-28-6			25C. FUNERAL DIRECTO	TIMORE, MAR & BROS.,601	ADDRESS		



	PLACE IN BALTIMORE MARYLAND,		OUNCED DEAD	APRIL 4. USUAL RESIDENCE (Who A. STATE B. COUR	28, 1969 ere deceosed lived. H i	institution: residence before odm
HO	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOC	TAL OR INS	THUTION, GIVE STREET	MARYLAND C. CITY OR TOWN BALTIMORE	D. INS	SIDE CITY LIMITS? YES NO
	42			5501 NOME AU	<i>I</i> EMUE	
5. SI	EX 6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 2 Months! Doys Hours!
	FEMALE WHITE WIDOWED DIVORCED			10-29-1909	59	
	. USUAL OCCUPATION (Give kind of war during most of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign cauntry)	12. CITIZEN OF WHAT CO
30116	GOODWILL IND.		WORKER	BALTIMORE, MAR	RYLAND	U.S.A.
13. F	FATHER'S NAME	1		14. MOTHER'S MAIDEN NA		
	ISAAC JOSEPH KLATSI	KY		SOPHIA ?		
	Was Deceased Ever in U. S. Armed F		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO NO			MR. SAMUEL KLAT	SKY 3010 P	ROMARIC CT. #21:
	heart failure, asthenia, etc. It mean injury or camplication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A)	d death.) S any, givi	(B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:		
ATION	injury or camplication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TOO DISEASE OR CONDITION BYEN IN PA	d death.) S any, givi stating I ONTRIBUTIN THE TERMINA	(B)	A CONSEQUENCE OF:		
ATION	injury or camplication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (All UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONDI	d death.) S any, givi stating I ONTRIBUTIN THE TERMINA	(B)	A CONSEQUENCE OF:	o) 208. IF YES, WERE	
L CERTIFICATION	injury or camplication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (All UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONDI	d death.) S any, givi stating I ONTRIBUTIN THE TERMINA RT 1 (A). MOITION FO RFORMED	(B)	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
MEDICAL CERTIFICATION	Injury or camplication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTINUED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PACTOR OF CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year OF INJURY IAPPROX.)	d death.) S any, givi stating I ONTRIBUTIN THE TERMINA RT 1 (A). MOITTON FO RFORMED	(B)	20A. AUTOPSY? (Yes or N W 6) In or about 21C. WHERE DID INJURY OCCUR?	OI 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	Injury or camplication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTINENT CONDITIONS CONTINENT PARTIES OF CONDITION GIVEN IN PARTIES OF CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21 D. TIME (Month) (Day) (Year OF INJURY)	d death.) S any, givi stating I ONTRIBUTIN THE TERMINA ART 1 (A). MOITION FO REFORMED (Hour) (Hour) Seed alive as	(B)	20A. AUTOPSY? (Yes or N W 6) In or about 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN. 21F. HOW DID IN. 21F. HOW DID IN.	OI 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	injury or camplication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PACE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21.D. TIME (Month) (Doy) (Year OF INJURY LAPPROX.) 22. I certify that (I) (this hespite that (I) (we) last saw the decease and haur and fram the causes structure of the course of the causes structure of the cause of the causes structure of the cause of the causes structure of the cause of th	d death.) S any, givi stating I ONTRIBUTIN THE TERMINA RT 1 (A). NOTION FO RFORMED (Hout) (Hout) attended seed alive an attended above.	(B)	20A. AUTOPSY? (Yes or N W & C) n or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN.	OI 208, IF YES, WERE IN CERTIFYING CA (If In Boltimo JURY OCCUR? 19 6 1 ta 11 hat in(my) (our) ap Shaff Phys.	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location) 2.8 / 6.9 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDICAL CERTIFICATION	Injury or camplication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONDITION STATEMENT OF OPERATION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA 19A.DATE OF OPERATION TO WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21A. TIME (Month) (Doy) (Year OF INJURY LAPPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes structure of the course	any, givi stating I ONTRIBUTIN THE TERMINA INDITION FO RFORMED (Hour) (Hour) SHEER	(B)	20A. AUTOPSY? (Yes or N N C) n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN. 22F. HOW DID IN. 23D. ADDRESS	OI 20B. IF YES, WERE IN CERTIFYING CA (If In Boltimo JURY OCCUR? 19 6 1 ta 1/2 hat in (my) (our) ap Shaff Phys. IGHTS AVENUE	FINDINGS CONSIDERED AUSES OF DEATH? Ore City, give exoct location) 2.8 / 6.9 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDICAL CERTIFICATION	injury or camplication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTION GIVEN IN PACE OF OPERATION 198. CONDITION (PACE) (Market Control of the Control of t	d death.) S any, givi stating I ONTRIBUTIN THE TERMINA INT I (A). INTO THE TERMINA INTO THE THE TERMINA INTO THE THE TERMINA INTO THE TERMINA INTO THE TERMINA INTO THE TERMINA INTO THE TERMINA INTO THE TERMINA INTO THE TERMINA INTO THE TERMINA INTO THE TERMINA INTO THE TERMINA INTO THE TERMINA INTO THE THE THE THE TERMINA INTO THE THE TERMINA INTO THE THE THE THE THE THE THE THE THE THE	(B)	20A. AUTOPSY? (Yes or N C) n or about 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID IN. OI 20B. IF YES, WERE IN CERTIFYING CA (If in Boltimo JURY OCCUR? 19 6 1 ta 1/2 hat in (my) (our) ap Staff Phys. IGHTS AVENUE	FINDINGS CONSIDERED AUSES OF DEATH? Dre City, give exoct location) 24 69 19 19 19 19 19 19 19 19 19 19 19 19 19	



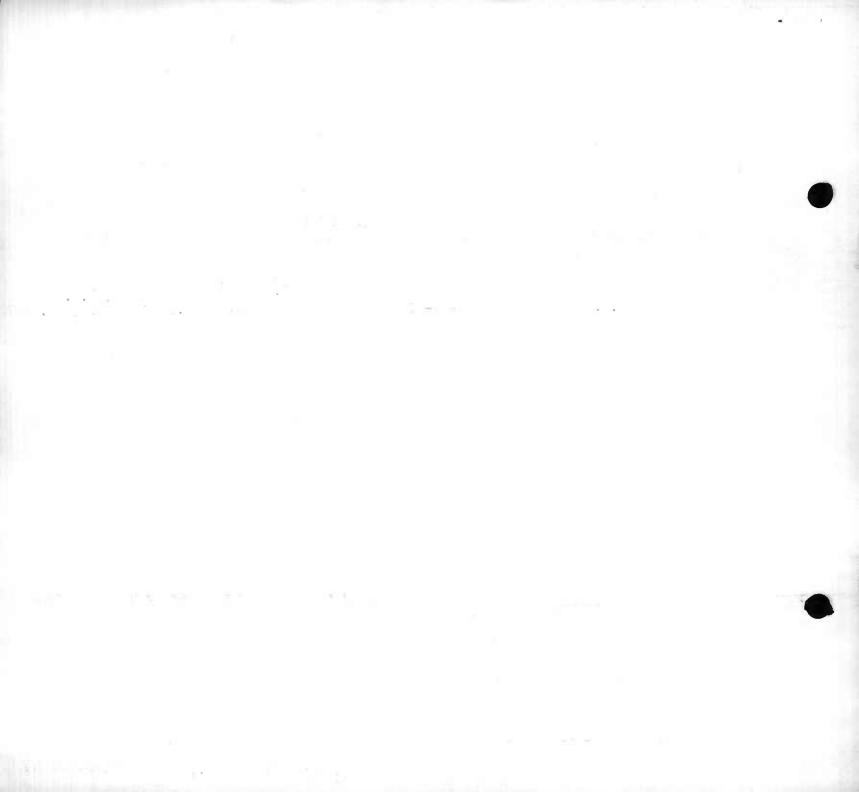
5-365		BALTIMORE CITY	HEALTH DEPARTMENT				
3-363	69 440	7 CERTIFICA	TE OF DEATH	REG. NO	69 4407		
BIRTH NO.	00 110	/ CERTIFICA					
(Type or Print) SACA+	1 STRAL	220	2. DATE	AND HOUR OF DEATH	169 5 AM.		
3. PLACE IN BALTIMORE MARYL	AND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	UNTY	institution; residence belore admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OF INSTITUTION	HOSPITAL OR INSTITU	ITION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?		
PILEVINDALE HES	30812 Home	+ TUK.	BALT, MURE YES NO				
/ / 5		E. STREET AND NUMBER					
BALT. MOREL	(4)		3133 XOAKE	ORD AVENUE			
5. SEX 6. RACE	7. MARRIED [NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10A. USUAL OCCUPATION (Give kin	//				12. CITIZEN OF WHAT COUNTRY?		
done during most of working life, even if HOUSEWIFE	AT H	IOME	RUSSIA U.S.A				
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
UNKNOWN			UNKNOWN				
15. Was Deceased Ever in U. S. Ar (Yes, no or unknown) (II yes, give wo	med Forces? r or dotes of service)	1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
NO			MRS. FLORENCE	RUDNER, 2515	SMITH AVENUE #9		
18. 41 12 441		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITI	ON DIRECTLY		1000	0 1/01	10		
LEADING TO I		(A) IMMEDIATE CAL		1) man (1	A rolle		
heart failure, asthenia, etc. It	meons the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:	and CNE			
injury or complication which				and off			
ANTECEDENT C		(B)					
DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION	e (A) stoling the	(C)	A CONSEQUENCE OF:				
11		(6/					
O OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT	TED TO THE TERMINAL		***************************************				
		VHICH OPERATION	20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED		
				IN CERIII IIINO CA	AUSES OF BEATH!		
21A. ACCIDENT WAS UNDER! OR CONTRIBUTING CAUSE DEATH (notify medical examine	OF hom	e, form, foctory, street, o	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exoct locotion)		
21D. TIME (Month) (Doy)	(Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?			
OF INJURY (APPROX.)		le At Not Whi	le 🔲				
	Wor		7-3	19 67 to	4-27.69		
22. I certify that (1) (his h		1/ 3	7 10 69)		
that (1) (we) last saw the d		\sim			inian death accurred an the date		
and have and fram the caus	es stated abave.	(We) (did) (did nat)	view the bady after deat	h.			
23A. SIGNATURE	12 11	110	ending Med.	Shull ITATI	238, DATE SIGNED		
Noma	nd 2/108	an Moegree Phy	rs. Director	Staff Phys.	4-27-69		
23C.PHYSICIAN'S NAME (Type)			23D. ADDRESS	11-00	R. In		
	AN B. ROSEN	DEGREE	SIL	in laosh -	BALTIMORE, M)		
24A. BURIAL CREMATION, 24B. D	ATE 24C. NA	ME of CEMETERY of CR	EMATORY 24D.	LOCATION	City, town, or county) (State)		
	9-69 ANS	HE NEISEN	R	OSEDALE, MAR	RYLAND		
25A. DATE REC'D BY HEALTH OF	S NAME C		2SC. FUNERAL DIRECT	OR	O REISTERSTOWN ROAD		
VS 150-REV. 1/1/68	Alroading	2.4.0	071 3	-			



VS 150-REV. 1/1/68



B-536 69 4409 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 69 4409
(Type or Pani)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	A. STATE B. COUNTY BOOK CO
INSTITUTION ADDRESS OF ECCHION	C. CLY OR TOWN D. INSIDE CITY LIMITS?
Mercy Hospital Baltind	Latherville YES NO
	RFD#1 Bx455 Burnwood Ct.
6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DI	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 Hrs. Out of birthdoy! Months: Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even it retired!	KEYSTONE V. V. C. 12. CITIZEN OF WHAT COUNTRYS
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Bank	EVA Dulverman
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	DESCRIPTION OF THE BANK BOX 455 R.F.D #1
Yes W.W. II NAVY 216-28-4704	extexxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
18. 531,0+1 20/X CAUSE OF DEAT	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAI	A CONSEQUENCE OF:
heori loilure, asthenia, etc. Il means the disease, injury or complication which caused deoth.)	
ANTECEDENT CAUSES (8)	I - Bleeding:
DISEASES OR CONDITIONS, il any, giving nise la lhe abave cause (A) slaling lhe	A CONSEQUENCE OF:
UNDERLYING CONDITION last. (c)	stein Ulcer
Z OVUST SCOVISION II	2 1 4
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN THE TERMINAL	Akins Disease
19A. DATE OF OPERATION 1198 CONDITION FOR WILLIAM OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inotify medical exominer 218. PLACE OF INJURY (e.g., i home, lorm, foctory, street, of elc.)	n or about 2fC. WHERE DID (If In Batimore City, give exact location)
Q 21 D. TIME (Month) (Day) (Year) (Hour 215 IN HERY OCCUPATION	21f. HOW DID INJURY OCCUR?
(APPROX.) While At Not Whil	
Work L. At Work 22. I certify that (I) (this hospital) attended the deceased from	7-26
that (1) (we) last sow the deceased alive on 4-27-	19
and hour and from the causes stated above. (We) (did) (did not) v	
23A. SGNATURE	23B. DATE SIGNED
	nding Med. Staff D
22C BUYELGI ANAC	23D. ADDRESS
Kolt Nieman	Mercy Hosp
246. SURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOGATION (City, town, or county) (Stote)
BURIAL 4-29-69 BETH EL MEMORIAL	PARK RANDLALLSTOWN, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR APR 3 0 1969	SOL LEVINSONCE BROS., 6010 REISTERSTOWN ROAD
VS 150-REV. 1/1/68	A SOL LEVINSONGE BROS., 6010 REISTERSTOWN ROAD



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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1 10-15- 63 4-28- 63 4-14-63 63 4-23-63

NOSERH DEEKENDAUM, M.D.

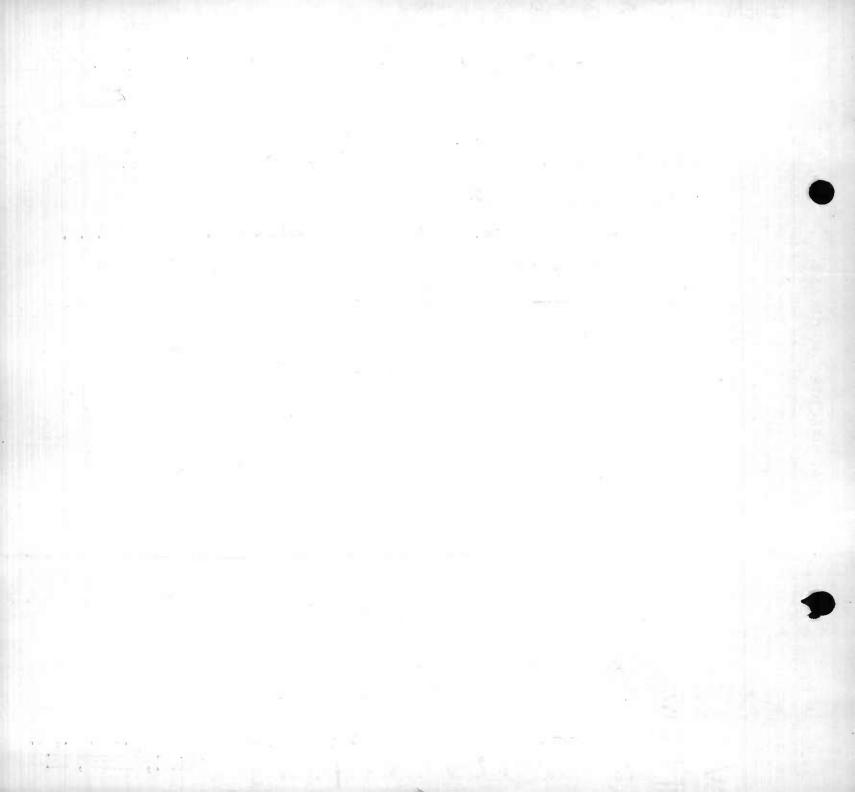
SSOZ WEST KOPPRES HOE. BULLERS

VS 150-REV. 1/1/6B

Helmman algul The streke st Latherin Hespital of Haryland (4 (9-12-F) X Memele White 19 povolemen solvock 1 160-1 de g Diebater melleter Angeralul ifaction In friend 12 bar 2 Ludderson Hospital of the planet Time to ching

FUNERAL DIRECTOR: IMPORTANT

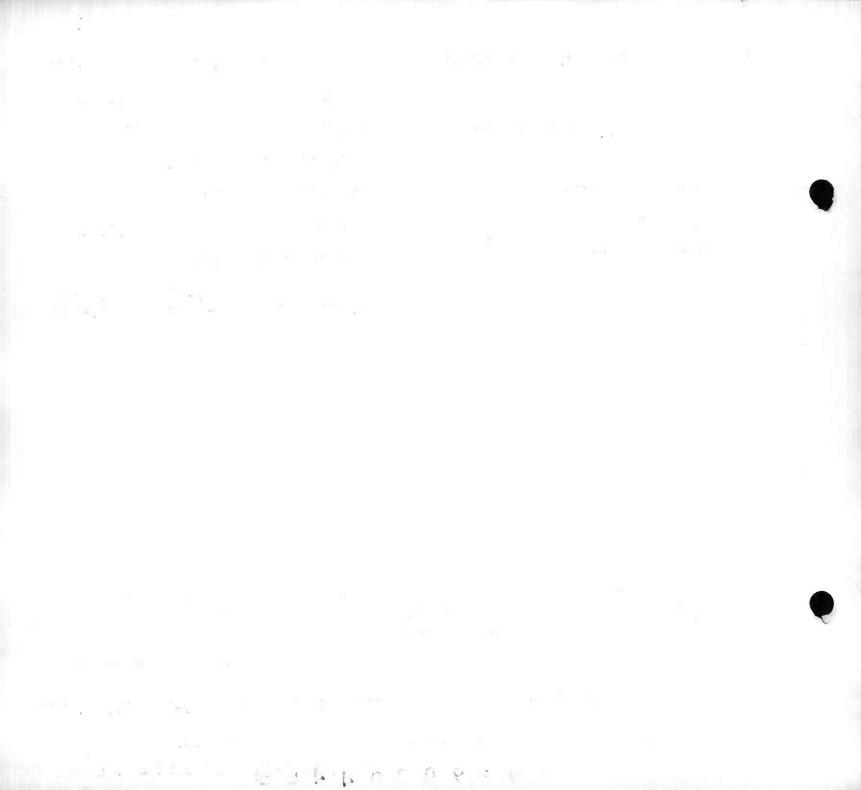
VS 150-REV, 1/1/68





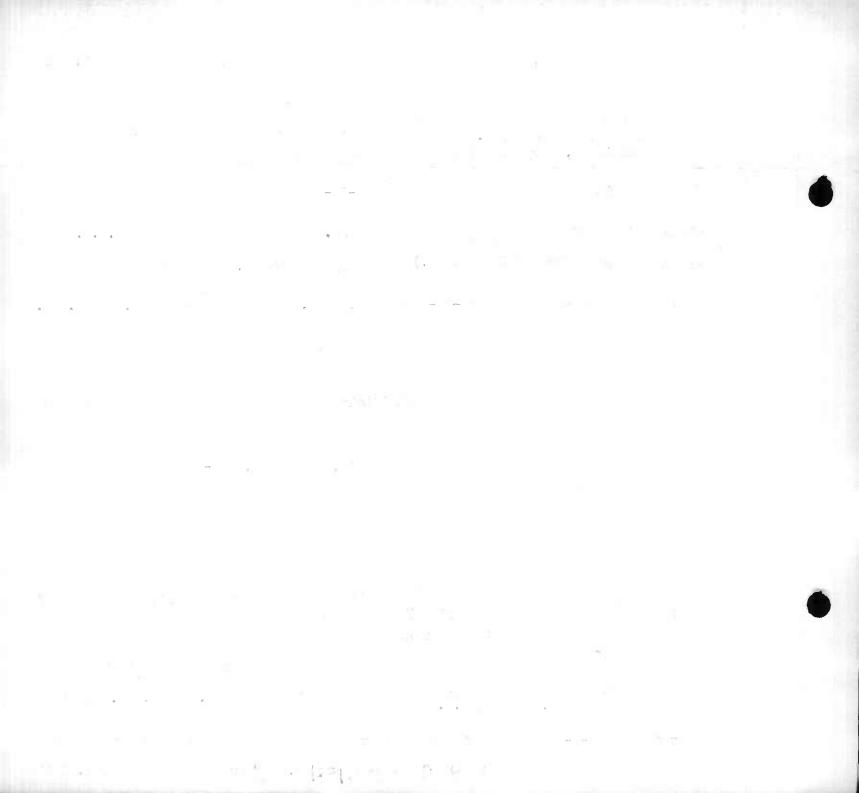


VS 150-REV, 1/1/68



14	-26th
	a hospital and cause of death ie; (5) Deceased ndance on the to death. Such
•	or contributing of the contributing of the contributing of the contributing of the contribution of the con
MPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	ical examiner or stal examiner. All 15; (3) A fracture ician who prono as in regular at ains are embalm
FUNERAL	by the chief med of the by a medic re; (2) Body burn where the physician wo physician will before the remediates
	ust be approved lassed to the host dent of any naturospital (except death); and (6) must be obtained
	This certificate muthe body was relatives: (1) An accives D.O.A. at a hadeceased prior to written approval

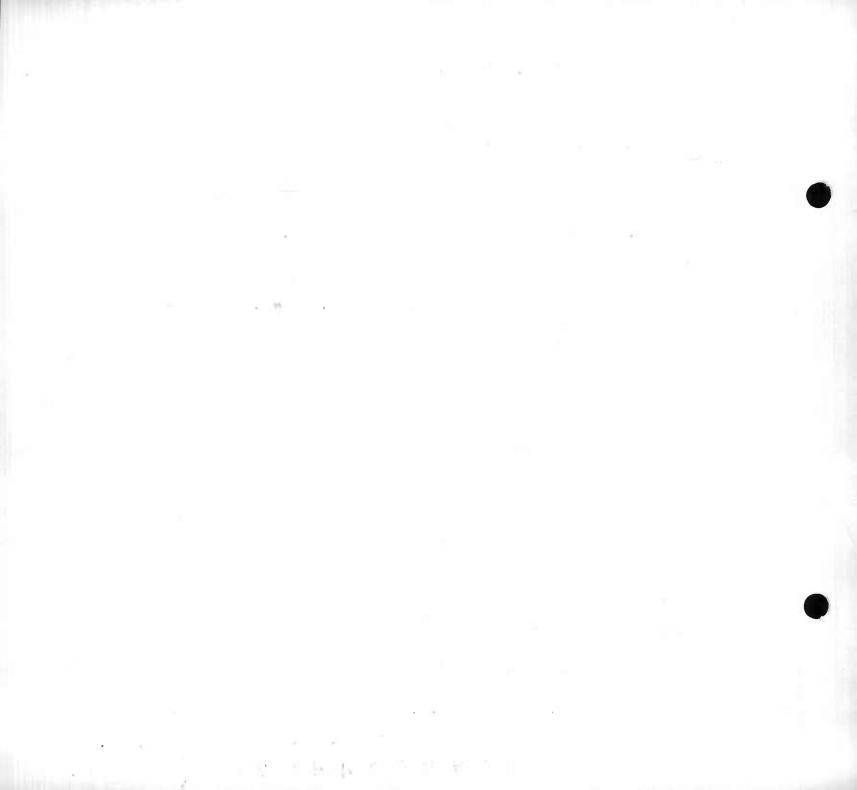
		69	441	5 BALTIMORE CITY	Y HEALTH DEPARTMENT	V	00 4445
	TH NO.		771	CERTIFICA	TE OF DEATH	REG. NO	69 4415
(Тур	AME OF DECEA	HAGGERT		rt Lawrence	2. DATE A	il 27, 1969	1:00 P
3. P	LACE IN BALTIA	AORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WH	sere deceased lived. If in	nstitution: residence before admission)
FU L HO: INS	L NAME OF	OF NOT IN HOSPI ADDRESS OR LOC Eterans Adm	IAL OR INSTIT ATION) inistrat	tution, give street	Pennslyvania C. CITY OR TOWN		IDE CITY LIMITS?
0		900 Loch Ra			Philadelphia E. STREET AND NUMBER		YES 🔼 NO
		altimore, M			1202 Arch Str	reet	
5. SI		RACE	7. MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Ys. If Under 24 Hrs. Manths! Doys Hours Min.
	le	White	WIDOWED		5-17-14	54	Trianis Days Trianis Trinis
tOA. done	during most of wor	ATION (Give kind of wor king life, even 11 retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
M	ATHER'S NAME	Ceamster	Unkne) Wn	Mass .	NA.	U.S.A.
	James Hag	ggerty (M ^I	ddle Ini		Mary Chement	A. Chenever	rt
Yas,	no of unknown) (1)	er in U.S. Armad Fa yes, give war ar dala	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Records	ADDRESS
	Yes	7/12/44 to :	5/3/46	212-28-3904	VA. Hosp. 3900		Blvd. Balto. Md.
1		OR CONDITION DI	RECTLY	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- 1.		ADING TO DEATH		(A)IMMEDIATE CAL	se Uremia		
	(This does not heart failure, ost	maan the mode of henia, etc. It means	dying, e.g.,	V. V.	A CONSEQUENCE OF:		***************************************
	injury ar compli	ealian which caused	death.)				
	AN	TECEDENT CAUSES		(a) Amyloi	doete		6 months
	DISEASES OR	CONDITIONS, if	ony, giving		A CONSEQUENCE OF:		O MOH WIS
- 11	rise la lhe	above cause (A)	stating the				
F	ONDEKETING C	CADITION last.		(c)			
Ě II	O THE DEATH R	II NT CONDITIONS CO UT NOT RELATED TO T DITION GIVEN IN PAR	HE TERMINAL	Tubercu	losis, pulmonar Activ	y, Far—advan	ced
ERTIFIC	9A-DATE OF OF	PERATION 198 CON WAS PER	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CALC	PIA. ACCIDENT OR CONTRIBUTION DEATH (natify me	WAS UNDERLYING DIG CAUSE OF	21 B. ham etc.	PLACE OF INJURY (e.g., i e, farm, factory, streat, of	or about 21C. WHERE DID	(If in Boltimore	e City, give exact location)
0 2	TD. TIME (N	lanth) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
٤ ز	APPROX.)			la At Not While			
2	2 1	. 603 (al.) = 1 = 1 = 1	Wai			6.5	11 00
- 1		ot (X) (this hospital		April 27	10	19 65 to Apr	Million & Makes and Markey and Ma
- 1		st sow the decease				hot in (my) (our) opin	nion deoth occurred on the date
0	and hour ond from SA. SIGNATURE	om the couses stol	ed above. 🤻	(We) (did) (did)(ski) v	lew the body ofter deoth.		
12.	and alon Aloke		1 -	4.1.	dia = 44.1 =	e. 11	23B, DATE SIGNED
	OC Billion		//	DEGREE Phys		Staff Phys. XXC	4/28/69
2	3C. PHYSICIAN'S NAME (Type)		MARINE	no	3900 Loch Rav	en Blvd. Bal	to. Md. 21218
24A.	BURIAL CREMA	TION. 248. DATE		ME of CEMETERY of CRE	MATORY 24D. L	OCATION (Cit	y, town, or county) (State)
	Burial	5-1-19	69 Hol	y Family Cemet	ery	Rockland	, Massachusetts
25 A •	DATE REC'D BY	HEAUTH DEPE	25B NAME O		25C. FUNERAL DIRECTO	R	ADDRESS Tilkens Ave. 21229
/S 1:	50-REV. 1/1/68						





BIRTH NO.	68	4417	CERTIFICA	ATE OF DEATH REG. No. 69 4417					
1. NAME OF DE	CEASED				AND HOUR OF DEAT	Н			
	CALVIN	A. MC DAI	VIEL	4	1/27/69	1/8 S A-A			
S. PLACE IN BA	ALTIMORE, MARYLAND,	VHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (WA. STATE B. COI	here deceased lived, If	institution: resilience before admission			
FULL NAME O	F (IF NOT IN HOSP! ADDRESS OR LOC	AL OR INSTITUTION,	GIVE STREET	MARYLAND		13-38			
INSTITUTION HE			TAL	BALT I MORE	D. IN	SIDE CITY LIMITS?			
23 BAL	TIMORE, MD			E. STREET AND NUMBER		YES NO NO			
	•			1418 MILLE	ACE RD				
SEX	6. RACE	7- MARRIED NE	/ER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.			
MALE	WHITE	WIDOWED (DIVORCED [5-10-数据	lost birthdoyl	Months Days Hours Min.			
)A, USUAL OCO	CUPATION (Give kind of wor f working life, even if relired)	10B, KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (Stolo or fo	reign country)	12. CITIZEN OF WHAT COUNTRY			
Dil Brn	r.Worker	Benson F	uel Oil	VA.		USA			
FATHER'S NA				14. MOTHER'S MAIDEN N	AME				
	MCDANIEL			SUELLEN	DODSON				
. Wos Decoose es, no or unknow	d Ever in U. S. Armed For n) Ilf yes, give wer or dete	ces? 16. SO	CIAL CURITY NO.	17. INFORMANT	DODSON	ADDRESS			
no		215	5-01-062	Mrs.Sara#F	.McDaniel-	-1418 Mill Race 1			
18. 46/0	.01	Ć	AUSE OF DEATE			APPROXIMATE INTERVAL			
rise to th	OR CONDITIONS, il e obove couse (A) G CONDITION last.	sloting the	C)	A CONSEQUENCE OF:					
DISEASE OR	II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	IE TERMINAL	***********************		*******************************	***************************************			
19A. DATE OF	OPERATION 198. CON WAS PERI	DITION FOR WHICH	OPERATION -	20 A AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED			
21 A. A CCIDE OR CONTRIB DEATH (notif)	NT WAS UNDERLYING CAUSE OF medical examines	21 B. PLACE home, form, etc.)	OF INJURY (e.g., in loctory, street, of	or obout 21 C. WHERE DID		re City, give exact location)			
21D. TIME OF INJURY	(Month) (Day) (Year)		OCCURRED	21F. HOW DID IN	JURY OCCUR?				
(APPROX.)		While AI	Not While						
22. I certify	that (1) this hospital	attended the dece	gsed from	4/26	19 69 to	4/22 1064			
that (I) (we)	lost sow the decease	d olive on 4/	27	19 69 and t	hot tax(fay) (our) opt	inion death accurred on the date			
and have an	d from the causes stat	ed abave (1) (We)	ly (did nat) vi	ew the body after death.	70				
23A. SIGNATI	11/	10			27/1002	23 B. DATE SIGNED			
220 20 20 20	Ulline	en, M	DEGREE Phys.	Director L	Shaff Phys.	4/27/69			
PHYSICIA NAME (T	ype)		2	BD. ADDRESS	1				
1 0	JOSEPH S.	ATKINSON	M.D. DEGREE	THE JOHNS	HOPKINS HO	SPITAL			
A. BURIAL CRE REMOVAL (Specify)	24C.NAME 61	CEMETERY OF CREA	AATORY 24D.		ity, town, or county) [Stote]			
Burial	5/1/69			Mem.Gar.	Cockeysvil	le, Md.			
A DATE APR	3 0 1969	258. NAME OF REGIS	Farber !	25C, FUNERAL DIRECTO	2	ADDRESS Coland Ave.			
150-REV. 1/1/	68								

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

CERTIFIE	ICATE OF DEATH REG. NO. 69 4418
IRTH NO.	2, DATE AND HOUR OF DEATH
Mrs. Ann M. Pond	April 27,1969 8:45 P.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	W3
Jenkins Memorial Hospital	
2 1000 Caton Avenue	Baltimore YES NO L
Baltimore, Maryland 21229	5813 Virginia Ave. 21207
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hr
Remale White WIDOWED DIVORCED	1-12-1889 SO Months Doys
0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
Registered Nurse	Ireland U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Mannion	Catherine Farrell
5. Was Deceased Ever in U. S. Armed Forces? (es,no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	Nancy Hammen - 5813 Virginia Ave - 21207
Unknown 118-36-078	
18. CAUSE OF D	
rise to the obove couse (A) stoling the UNDERLYING CONDITION tost. (C)	A.S.C.V.D. YEAVS
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [21B. PLACE OF INJURY (home, form, foctory, street	(e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) eet, office bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)	
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not	it While
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Work At 22. I certify that (O(this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (did)	18 Mile Work 19 6 ta 2 7 Ayr 19 6 9 and that in (ngs) (aur) apinian death accurred an the do
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Work 22. I certify that (O(this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (did 23A. SIGNATURE DEGREE	19 69 ta 27 Ay 19 69 19 6 9 and that in (new) (aur) apinian death accurred an the dometh view the bady after death. Attending Attending Med. Phys. Shaff Phys. 28 Ay 69
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (O(this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and hour and fram the causes stated above. (I) (We) (did) (did 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Ralph Updike, M.D.	19 69 ta 27 Ayr 19 69 19 6 9 and that in (new) (aur) apinian death accurred an the domest) view the bady after death. Attending Med. Staff Phys. 23D. ADDRESS
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (O(this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (did) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Ralph Updike, N.D. DEGREE 44. BURIAL CREMATION, 1248. DATE 124C. NAME of CEMETERY of	Attending Med. Director Phys. Director Phys. DEGREE
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (O(this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and hour and fram the causes stated above. (I) (We) (did) (did- 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Ralph Updike, N.D. 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY o	Attending Med. Director Phys. DEGREE 19 6 9 and that in (ngs) (aur) apinion death accurred an the document of the death o

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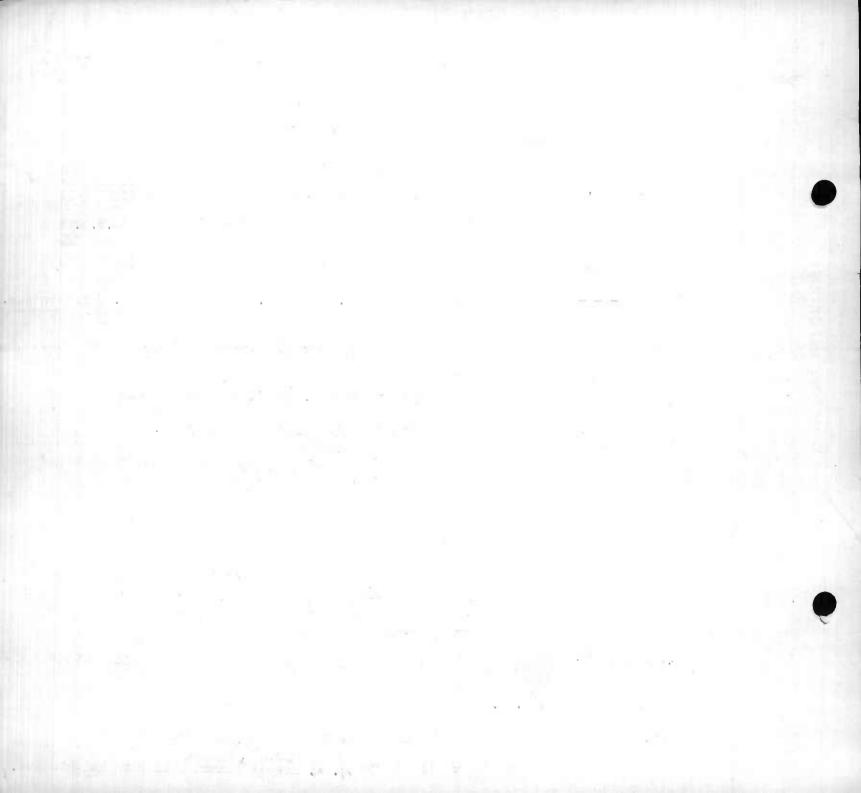
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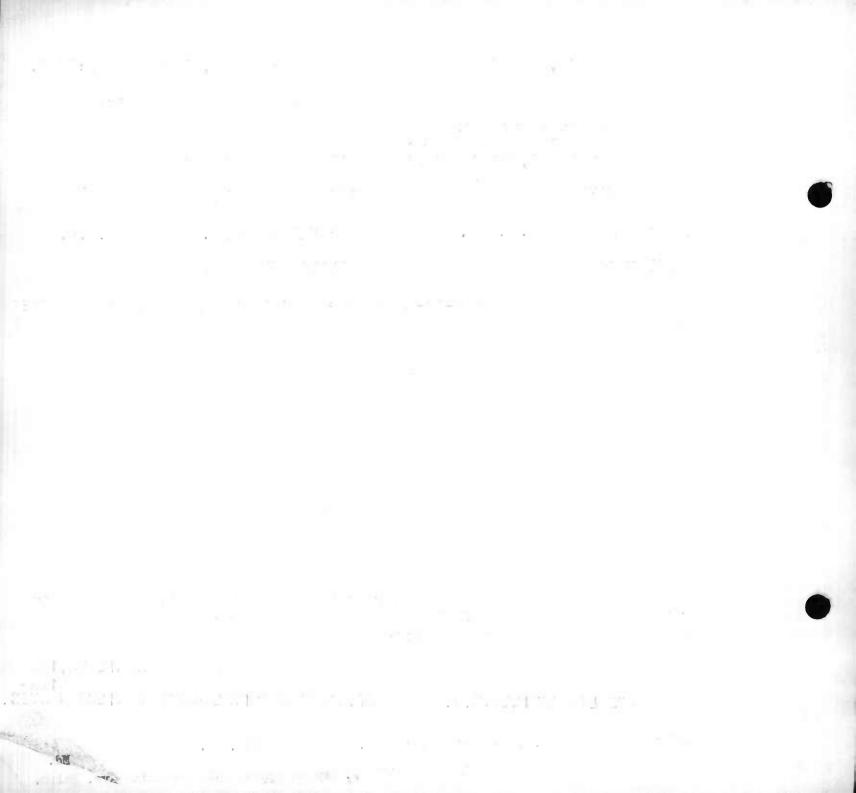
VS 150-REV. 1/1/6B

	69	44:		TE OF DEATH	REG. NO.	69 4419
BIRTH NO. 1. NAME OF DEC (Type or Print)				2. DATE	AND HOUR OF DEA	ATH /11 17
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Eliza	beth An	n DICKE	Apr	il 26, 1969	V77.
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V.	here deceased lived.	If institution: residence before odmissio
FULL NAME OF	TIP NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		21-4X
HOSPITAL OR	ADDRESS OR LOCA	ATION)	o non, or to street	C. CITY OR TOWN	D. 1	INSIDE CITY LIMITS?
				Baltimore		YESXXX NO [
351	.6 West Garris	on Aven	ue	E. STREET AND NUMBER	2	
10				3516 West G	arrison Ave	nue
. SEX	6. RACE	7. MARRIED	NEVER MARRIED A	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hi
Female	Cauc.	WIDOWED		May 27, 1884	lost_birthdoy)	Months Doys Hours Min.
	UPATION (Give kind of work			11. BIRTHPLACE (Stote or		12. CITIZEN OF WHAT COUNT
tone during most of	working life, even if retired)	Clot	hina	Mamrland		U.S.A.
	Saleslady Clothi			Maryland		U.D.R.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN I	NAME	
V4	tus Dicke			Dorothea	Michel	
5. Was Deceased	d Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	A COM VALVE	ADDRESS
NO	n) (If yes, give wor or dote	s of service) SECURITY NO. 213 10 6308		Mr. Joseph I.	3516 W. Garrison A	
18. ///			CAUSE OF DEATI		- 1101101 MOTH	APPROXIMATE INTERVAL
7/0	SE OR CONDITION DI		CAUSE OF BEAT			BETWEEN ONSET AND DEA
rise to th	ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause (A) G CONDITION last.	any, giving	(c) auc	a consequence of:	hillde	ion "
z	11		2 - //	2 001-1	ear all	0
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL	conf	Las Vaculas	2 ft helt 11	deeling U
19A. DATE O	F OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES WE	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF	218 hon etc.	ne, form, foctory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR	(If in Bolt	limore City, give exoct lacation)
21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21E	. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY			ile At Not Whil	е		
		Wo		7		11 10
	y that (1) (t his hospita		he deceased from	ug i to	1966 to Q	JAN 1967
that (I) (we	dast saw the decease	ed alive an	yeung 2	1967 and	that in (my) (apinian death accurred an the d
and have an	nd fram the causes sta	ted abave. (1) (We) (did) (did nor) v	riew the bady after deat	h.	
23A. SIGNAT	URE 1 ASI	1.10.0	4/11/1 Atte	ending Med.] Staff	23B. DATE SIGNED 28 (9
23 C/PHYSICIA	ANS	yerou	W DEGREE Phy		Phys.	
_	ph Myerowitz,	M. D.	,	6615 Reist	erstown Road	d
24A. BURIAL CRI	EMATION, 248, DATE		AME of CEMETERY of CRI		LOCATION	(Stote
REMOVAL		60 11	7 Dada C-		Delt Image	Monroland
Buria			ly Redeemer Ce		partimore,	, Maryland
ZOA. DAIL KEC'L	BY HEALTH DEPT.	ZOB. NAME	OF REGISTRAR	250 FUNERAL OUBEC	Mr. dance and	UDDIEJ

Towell Temmon 4611 Park Heights Ave.



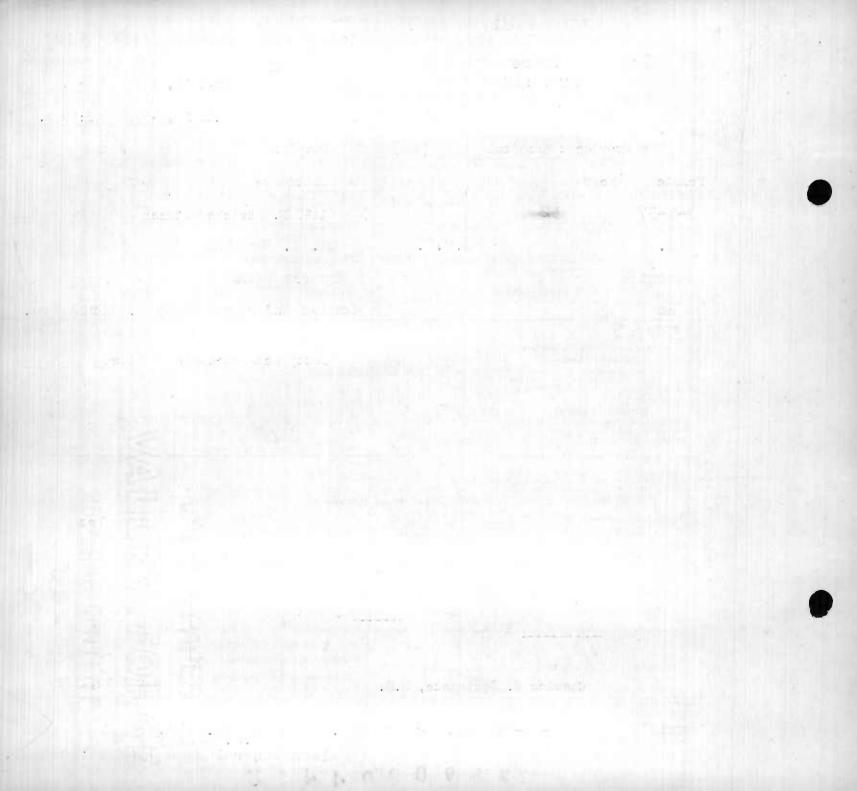
14	-2-00	69 4420 BALTIMORE CITY HEALTH DEPARTMENT
	Digit.	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 4420
	death death seased in the Such	1. NAME OF DECEASED
	- 000	HECK, HARRY ERNEST APRIL 26, 1969 6:10 A. M.
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institutions residence before admission)
	osi nc lec	
	a ho cause se; (5 andai to d	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) MARYLAND 21229 20-0
		ST AGNES HOSPITAL BALTIMORE YES NO
	ing cau att	CATON & WILKENS AVENUES E. STREET AND NUMBER
	9 + 9 - 6	BALTIMORE, MARYLAND 21229 233 S LOUDON AVENUE
~	ined ined ined of pd pade	5. SEX 6. RACE 7. MARRIED V NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years Under 1 Yr. Under 24 Hrs.
	2 = 5 2 2 2	MALE WHITE WIDOWED DIVORCED 03/06/96 Tost birthday) Months Doys Hours Min.
	re re re re re re re re re re re re re r	10A. USUAL O CCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12 CITYEN OF WHAT COUNTRY
	P - D - 2 - 5	done during most of working life, even it retired)
	Si is	BOOKBINDER U. S. Gov. MARYLAND Balto. U.S.A.
	rect (4) U we the	TO THE S MAIDER NAME
5	dir di, (di	ERNEST HECK ELIZABETH MYERS
A	kind; kind; death ce on	15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
7	9	NO 215-44-8570 ST AGNES 'RECORDS CATON & WILKENS AVES
IMPORTANT	any ced nda	18. A POPROVIMATE INTERVAL
9	204 202	DISEASE OR CONDITION DIRECTLY ACUTE PULMONARY GOEMA SETWEEN ONSET AND DEATH
S	<u>~ 0 ⊃ + 6</u>	LEADING TO DEATH (A) IMMEDIATE CAUSE PROBABLE SEPTICEMIA
••	2.50.8	heori failue, estherio, ele. It means the disease
N N	act act	injury or complication which coused death.)
7	ho ho	ANTECEDENT CAUSES
E	X D 4 3 L L	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR	W 46	rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)
Ω	medical evenue; (3 physician an was in remains	
AL	med burr burr hysi n w rem	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
2	m k d d d d d d d d d d d d d d d d d d	
FUNER	he chief m by a me 2) Body bu re the ph physician fore the re	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION VAS PERFORMED 19B CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	2 A + Y 0	YES YES
Li.		In Bullimore City, give exed location
	spital ure; (whe	S DEATH (notify medical examiner) els.
	- M - C W	21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hos natu d (6) aine	(APPROX.) While Al Work Al Work
	proved the horny nat except and (6	22. I certify that (1) (this haspital) attended the deceased from MARCH 4 1969 to APRIL 26 1969
	0.00	that XIX (we) last saw the deceased alive an APRIL 26 19 69 and that in (mx) (our) apinion death accurred an the date
	" O B T T	and hour and from the causes stated above. 以 (We) (did) (教養)検 view the bady after death.
	dent dent ospit deat must	23A. SIGNATURE / X
	30.0 2	Attending Med. Stoff S APRIL 26 1969
	relace a f a f val	23C. PHTSICIAN'S NAME (Type) 23D. ADDRESS 21229
	was r was r A. at a prior pprov	RODOLFO REVILLA, M.D. ST. AGNES HOSPITAL CATON & WILKENS AVE &
		24A- BURIAL CREMATION. 24B. DATE 124C NAME OF CREMATORY 124D LOCATION 124D LOCATION
	F4000	REMOVAL (Specily)
		Burial April 29, 1969 Loudon Park Cem. 25A. DATE REC'D BT HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESSMA
	This certi the body shows: (1 was D.O. deceased written a	ADD 0 0 1000
		VS 150-REV. 1/1/68
		** *** *** ** *** *** *** *** *** ***

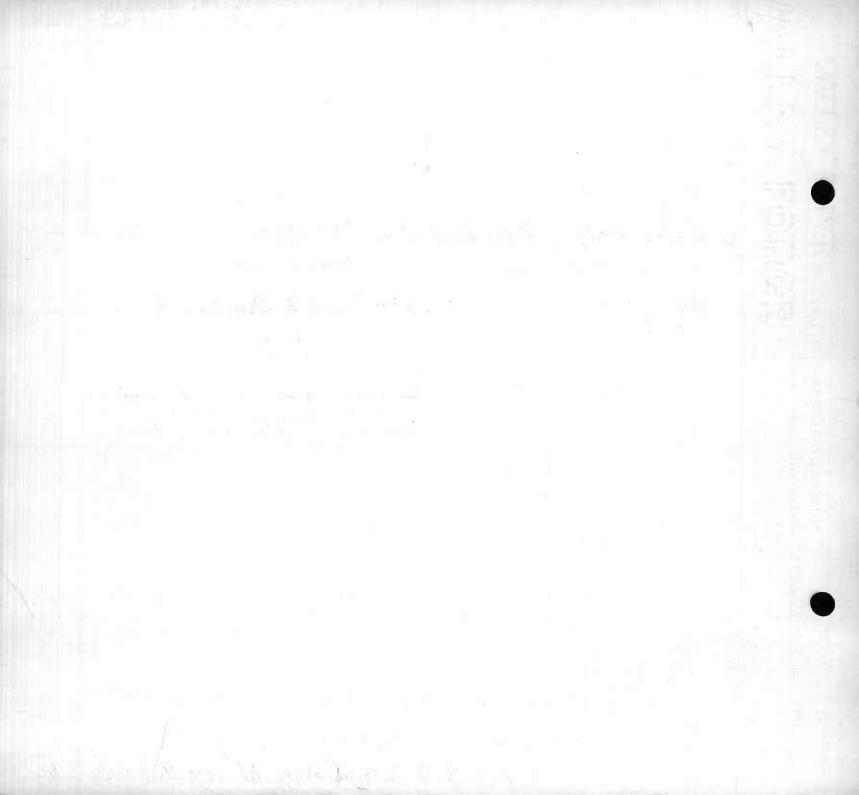


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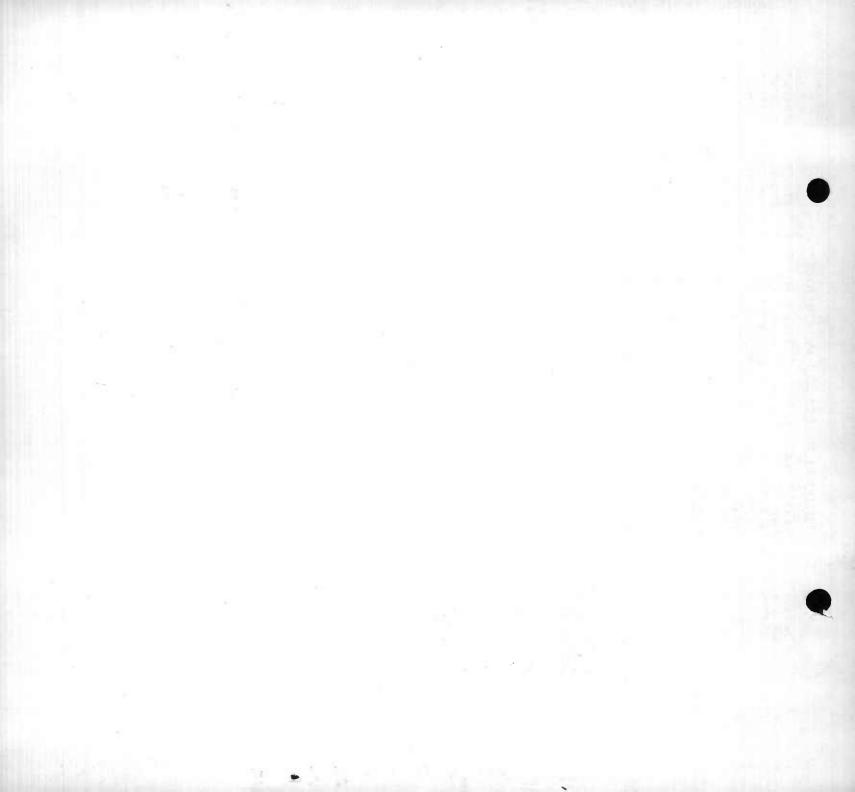
69 4421 BALTIMORE CITY HEALTH DEPARTMENT

RIE	TH NO.		MED	OICA	EX	AMINER'S	CERTIF	CAT	E OF	DEAT	H REG. NO	65	9	4421
	NAME OF DEC	CEASED	— Ir	ene			2. DATE	Knay	vn 🔼	Month	Day	Y	ear F	laur
(Typ	e ar Print)	I	BERTHA				OF DEATH		nated 🗆	Apri:				м.
4.	PLACE IN BAL					UNCED DEAD	3. DATE	UNICED	DEAD	Month	Day	Y	ear 1	laur
HO	L NAME OF SPITAL INSTITUTION	(IF NO ADDRE	T IN HOSPIT.	AL OR INS	TITUTIC	ON, GIVE STREET		PESIDEN	145		1 23,			:29 P. M.
1		Dworric	lont U	oani.	1	(DOA)	A. STATE				B. COUNTY		11	17
4	SEX	7. RACE	lent H	-		(DOA)	C. CITY O	Mary			D. INSIDE	CITY III	UTES	-00
		-				NEVER MARRIED	C. CHY O							
	emale	Negi	10. AGE (I	WIDO		DIVORCED Lder 1 Yr. If Under 24 Hrs.	E. STREET		imore			YES X	NO	
7. 1	3-9-37		last blethale			ns Doys Haurs Min.	E. SIKEEI			trickeı	Stre	et		
11.	Md.	State or foreig	n country)			THAT COUNTRY?	13. FATHE	R'S NAM	E	wkins	- 44			
144	USUAL OCCU	PATION (Giv	e kind af wark	14B. KIN	1	USINESS OR INDUSTR			12.					
dog	during most of y	vorking life, ev	en ifretired)				Fr	anci	s Ke	nt.				
_	WAS DECEAS	* *	U.S. ARMEI	PORCE	5?	17. SOCIAL	18. INFOR		-00	110		ADDRES	S	
(Ye	na ar unknawn	(If yes, give v	war or dates	of service	e)	SECURITY NO.	Lou	ise	Wals	ton	2545			th Ave.
	19.	1 73				CAUSE OF DEA					- / 1/		APPRO	XIMATE INTERVAL
ERTIFICATION	(This does in heart foilure injury or car injury or car Al DISEASES RISE TO THE UNDERLY!!	E OR COND LEADING TO of meon the to, osthenia, etc mplication whice NTECEDENT OR CONDITIO E ABOVE CA NG CONDITIO ATTHE BUT NOT	DEATH made of dy . It means the ch coused de CAUSES ONS, IF AN USE (A) STA ON LAST. II NDITIONS C	ving, e.g., e disease, ath.) Y, GIVING IING THI	ITING	(A) IMMEDIATE (DUE TO, OR (B) DUE TO, OR (C)	AS A CONSE	QUENCE	OF:	amorpho	osis o	f liv	ær	
RTIFI	DISEASE OF	CONDITION	GIVEN IN P	ART I (A).	WHICH OPERATION W	AS PERFOR	MFD				21. 4	AUTOPS	γ? (Yes ar No)
3	3													
AL	22A. FXTER	NAL CAUSE	WAS		228 P	LACE OF INJURY(e.g.,	in or obout	22C WH	ERE DID	/If in Baltimas	e City give	exact laca	Ye	S
EDIC,	UNDERLYING	OR CON	TRIB-		ham e,	farm, factory, street, office	e bldg., etc.)	INJURY	OCCUR?	(ii iii boiiiiioii	e City, give	exoci roco	,	
ME	UTING ☐ CA 22D. TIME OF INJURY (APPROX.)		ATH. Doy) (Yea	r) (Hoo	w	HILE AT NOT AT V	WHILE ORK	22F. HO	W DID IN	JURY OCCL	JR?			
	l cert	URE	latural car	J.	7	Inspection Au cident Suicident M.C. ringate, M.D.	de	lamicide CHIEF A	MEDICAL I	Undetermir EXAMINER	ned manne	r 🗌	D,	ate signed
	Burial CRE	MATION, 2	248. DATE	20_6	240	Mt. Auburr	0	ORY	790	location	(City, to	own, or co	aunty)	(State)
25	A DATE REC'D	10	DEPT. 1969	25B. I	NAME	OF REGISTRAR	25C.		L DIRECT	orR. B.	aileÿ Home			lhoun S
VS	151-REV. 1/1/6			- Ula	3	7	0 1	4	-	3				





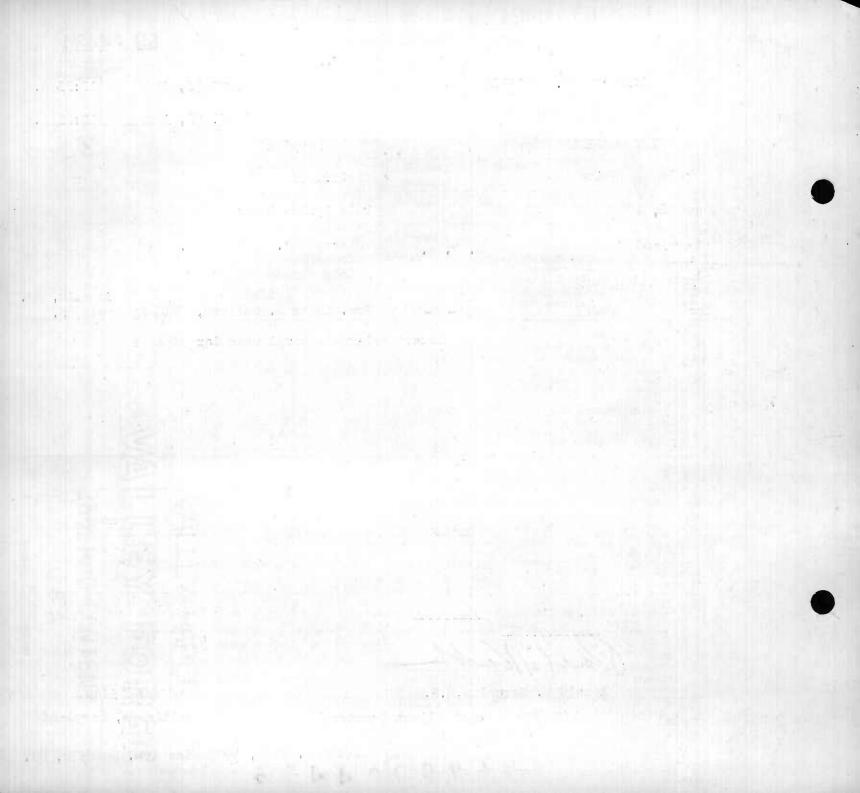
7-	下るす	BALTIMORE CITY HEALTH DEPARTMENT
2	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 4423
	death death eased n th	1. NAME OF DECEASED A CX ander Tordan 2. DATE AND HOUR OF DEATH 4/2 7/69 11:50 P.M.
	pita of Dec ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decease) lived. If institution: residence before admission) A. STATE B. COUNTY
	hospituse of (5) Dedance	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MANY land! Ballimore Address or Location) D. INSIDE CITY LIMITS?
	use use ten	Cinci Kocnitel Relaters to war YES NOTE
	uting d ca r at r at prio	E. STREET AND NUMBER Caltrider Lane
	ntribu rmine egula ased s mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years birthday) 8. Days Hours Min. 9. AGE (In years birthday)
	deter in re leced	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign ountry) Actived (arpenter) 12. CITIZEN OF WHAT COUNTRY? Wavy land 12. CITIZEN OF WHAT COUNTRY?
	ded Und as e d	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	isport	John Jordan Sarah Clark
MPORTAN	kind; kind; death nce on	15. Was Doceasod Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No 16. SOCIAL SECURITY NO. 212-16-0048 Mrs. Clara Jordan Reisterstown, Md.
POR	is as any any ndar or f	DISEASE OR CONDITION DIRECTLY
Z	Also noun atte	This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF:
S.	ner. sctur pror	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
510	amir A fro vho regu	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR	alex lex (3) an ns an	tise to the obove couse (A) stoling the UNDERLYING CONDITION last. (C)
AL	medica medica burns, physici an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).
NER	the property sicion of the property sicin of the property sicion of the property sicion of	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F	the ral by; (2) here lo ph	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR?
	ed by nospit ature pt wl (6) N	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	he he he he he he he he he he he he he h	22. I certify that (1) (this hospital) attended the deceased fram Cyrul 25 19 69 to Chris 19 69.
	of a of a tal (a th);	that (1) (we) last sow the deceased olive an
	must be a eleased to ccident of hospital to death) al must be	23A, SIGNATURE 23B, DATE SIGNED 23B, DATE SIGNED 23B, DATE SIGNED 23B, DATE SIGNED
	E e o e e e	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	v was relative was relative was relative. 1) An accil. 2. A. at a back of prior to approval	24A. BURIAL CREMATION, 24B. DATE. 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
	cert sod) 7s: (D.O ase	Burial (Specify) May 1,69 St. Lukes Cenetery Reisterstown, Md.
	This cer the bod shows: was D.C decease	APR 30 1969 REGISTRAR 256. FUNERAL DIRECTOR ADDRESS APR 3 0 1969 REGISTRAR E. F. Eline & Sons Reisterstown, Md.
	Maria VIII	VS 150-REV. 1/1/6B



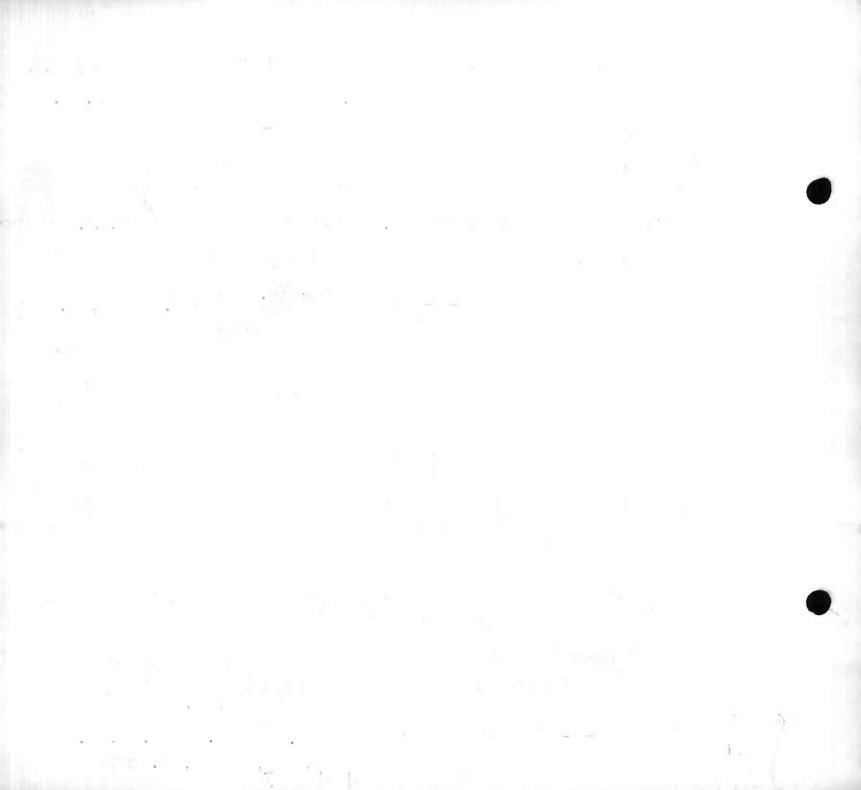
69 4424 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
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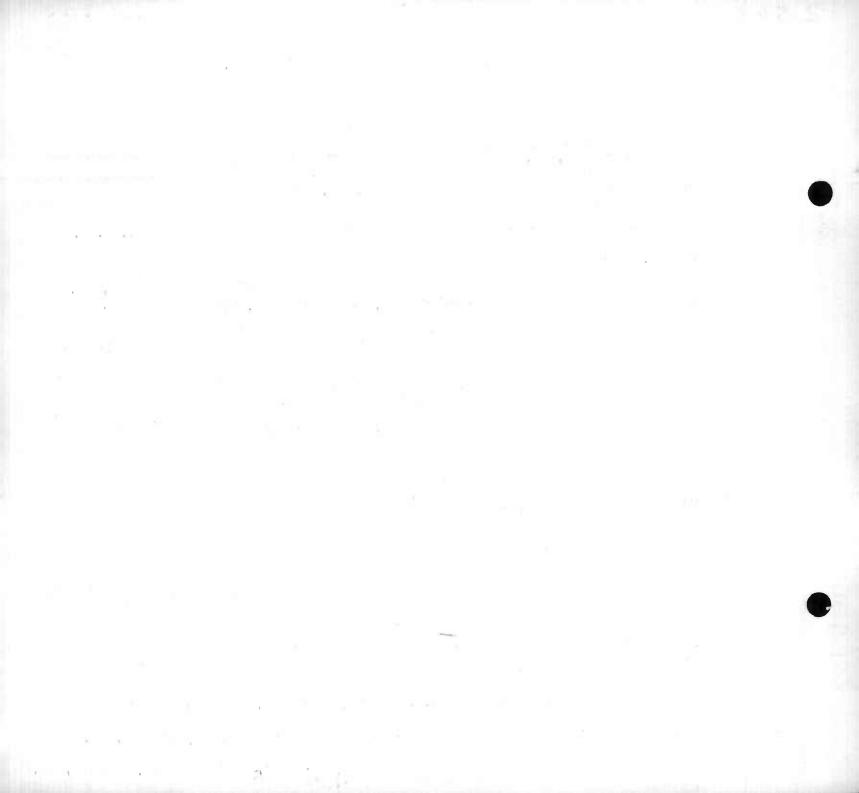
BIR	TH NO.		MED	ICAL	. []	AMIINERS	CERTIF	CATEO	F DEA	REG. NO	9 4	9424	-
1. I (Typ	NAME OF DEC	EASED CLARNCI	E E.	SELL	MAN	JR.	2. DATE OF DEATH	Known Estimoted [Month Apri	Doy 1 25, 196	Yeor	12:55	A .M.
FUL	L NAME OF SPITAL	(IF NO		LORINS		NCED DEAD I, GIVE STREET		UNCED DEAD	Month Apri			12:55	А.м.
OK	CIT	Y HOSP	ITAL				A. STATE	Marylan	.d	B. COUNTY	- 1	before odmissi	on)
6. !	Male	7. RACE Whi	te	8. MARR		NEVER MARRIED	C. CITY O	imore	dalk	D. INSIDE CIT	TY LIMITS?	NO 🔼	
	ine 22,		10. AGE (in lost birthdo	yeors 53		r 1 Yr. If Under 24 Hr Doys , Hours , Min		AND NUMBER Lynbrook	Road				
	BIRTHPLACE (S Marylan	d			WH	IZEN OF LAT COUNTRY?		rence E.		n Sr.			
C	e during most of w onstruct	orking life, eviction Wo	rk retired)			SINESS OR INDUST		er's maiden n a Turner					
7 e	WAS DECEASI s, no or unknown) OS	(If yes, give	U.S. ARMED wor or dotes TT	of service)	7. SOCIAL SECURITY NO. 213-05-3645	18. INFOR	1		n, 2618	DORESS D Lynbr	undalk, ook Rd.	Md.
NO	(This does not heart failure, injury or con AN DISEASES (RISE TO THE	LEADING TO ot meon the costhenio, etc pplicotion whi NTECEDENT DR CONDITI E ABOVE CA NG CONDIT	mode of dy It means the ch coused dec CAUSES ONS, IF ANY USE (A) STA' ION LAST.	diseose, oth.)		100	R AS A CONSE	QUENCE OF:					
CERTIFICATION	TO THE DEA	IFICANT COL ATH BUT NOT CONDITION	RELATED TO	THE TERM	INAL	1 www.dorde 60 00 00 00 00 00 00 00 00 00 00 00 00						***************	PA + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	0			NOITION		HICH OPERATION					ne		No)
MEDICAL	UNDERLYING UTING CA	USE OF DEA	TRIB-	·) (Hou	home, fo	ACE OF INJURY (e.gorm, foctory, street, of	fice bldg., etc.)	22C. WHERE DI INJURY OCCUR	?		ct locotion)		
	OF INJURY (APPROX.)	(, (.		, (1.00	′	LE AT NO	WORK						
	l cert	ER'S		21/6	Acc	Suice Suice	.D. ASS	and that or lomicide CHIEF MEDICA SISTANT MEDICA OCIATE MEDICA	Undetern L EXAMINER		_	DATE SIGN	ED
24. RE.	A. BURIAL CREA MOVAL (Specif Burial	MATION, 12	4/29/		24C.	NAME of CEMETER unt Olivet			D. LOCATIO		, or county		
25,	A. DATE REC'D		DEPT.	258. N	AME O	F REGISTRAR		funeral dire		2 Wise Ar	DDRESS	undalk,	Md.
4.00	151 BEN 1/1/10		and the	1	-	7	7	4 7	6				



VS 150-REV. 1/1/68



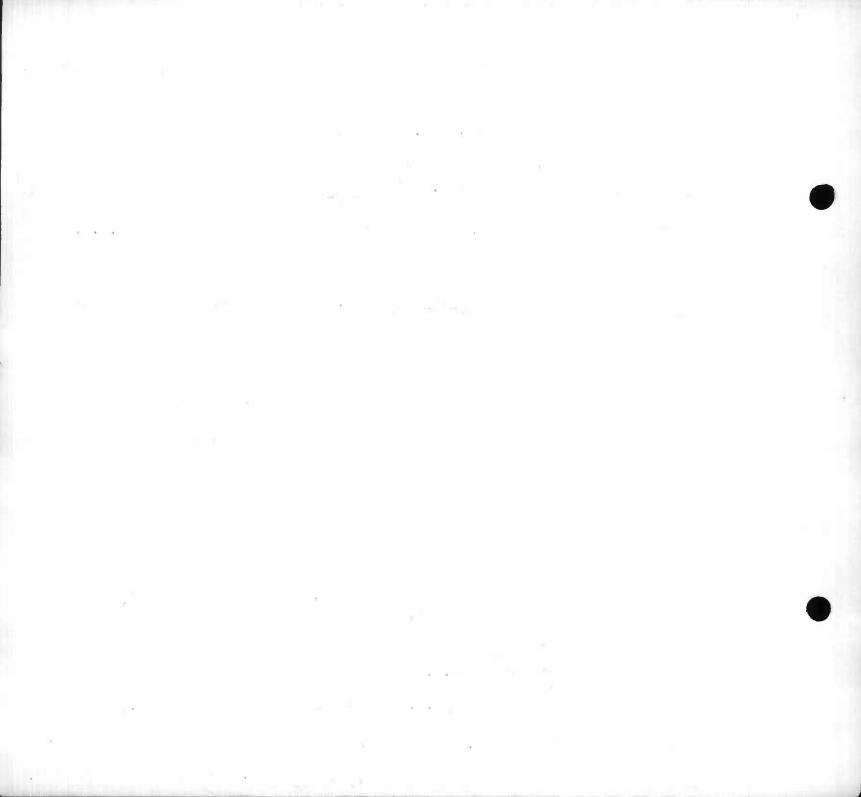
VS 150-REV, 1/1/68



N	1-2-60	69 4427 CEPTIFICATE OF DEATH REG. No. 69 4427
	and sed the uch	BIRTH NO. 69 4427 CERTIFICATE OF DEATH REG. NO. 69 4427
	of death of death Deceased on the the the	WANTE OF DECEASED
	- 0 0 0 d	CAN D Manaa
	the Do	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where doceosed lived, If institution; residence before admission)
	_ 0 0	A. STATE B. COUNTY
	hos use (5) dan de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MD BALTIMORE 53-000 INSTITUTION ADDRESS OR LOCATION)
	l in a he ng caus cause; (attenda ior to d	ID. INSIDE CITY TIMES?
		38UNIO. OF MD. HOSPITAL REISTERDUN YES NOD
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	d a d	5. SEX G. RACE TO MAIN ST.
	contribution to the contribution of the contri	I MAPPIED LI MIEUCO ALABORED I IN DATE OF RIPTH IN AGE (In
	oc or reg	I CIC. IMPOWED I DIVORCED I I 4/1X/44 1 5/
	th n n n	IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	p - p - p -	HOUSEWIFE MD. 45A.
	T DE . W	13. FATHER'S NAME
1-	if (4) I we the the spoor	EDGAR NICKOLES ELSIE MCCELLELAND
Z	*	The Court of the C
4	5 0 0 D	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 220-23-3119 Mr. Robert Money Reintenatown Md
2	S	No 220-28-3119 Mr. Robert L. Moser Reisterstown, Md.
MPORTAN	his as Iso, if of any unced tenda	18. 2 0 5 0 APPROXIMATE INTERVAL
A	E 0 - E 0 T	DISEASE OR CONDITION DIRECTLY
	- A O - E	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE AND GI TRACT 3 LOURS
••	5 0 L B	heart failure, asthenia, etc. It means the disease.
K	act Pr vla	injury ar complication which caused death.
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ECTOR:	A fr who reg	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF
2	0 C C C C	nse to the above cause (A) stating the UNDERLYING CONDITION last.
	dical dical dical rrns; (s rsician was in	(V)
-	D:= E 'S ≥ E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
S	med med phy phy an	TO THE DEATH BUT NOT RELATED TO THE TERMINAL
FUNER		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION 179B-CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Z	Chie Bod the ysic	WAS PERFORMED VALUE OF OPERATION VALUE OF OPER
H	tal by sy: (2) B here tal	ICO CONTRIBUTION (If In Boltimore City also event leaster)
	No No	DEATH (notify medical examined) CAUSE OF home, form, factory, street, office bidg. INJURY OCCUR?
		0 210 7145 (1)-413 (2)
	hospi natur cept w d (6) I	S lot mank!
	y e spa	AT WORK
	any (exc obt	22. I certify that (1) (this hospital) attended the deceased from 3/18 1967 to 9/25 1969
	_ 0 _ 0	that (1) (we) last saw the deceased alive an 4/25 1969 and that in (my) (aur) apinian death accurred an the date
	0-05	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
	dent of death) must be	23A. SIGNATURE
	W W 4-1 E 4	
	0 0 0 1 0	23C.PHYSICIAN'S
	was r An a A. at a prior	
	L-44 - O D _	24A. BURIAL CREMATION, PARTIE PROPERTY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
	ws: ()	Burial Apr. 28,69 Lake View Memorial Park (arroll (o. Md.
	This cer the bod shows: was D.C decease	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR ADDRESS.
	*******	APR 3 0 1969 (258. NAME OF REGISTRAR) 25. F. Line & Sons Reisterstown, I'd.
	1.5	V\$ 150~REV_1/1/68



	63	442	CEDTIFIC A	TE OF DE	ATL	REG.	NO.	69	4428	3
BIRTH NO.			CERTIFICA	TE OF DE						
Type or Print)		- at	es . 1 a			ND HOUR OF	DEATH			
2 DIACE IN S		r Stan		The distance of the	4-26				3:00	P,
FULL NAME (OF (IF NOT IN HOSPIT, ADDRESS OR LOCA	4. USUAL RESIDENCE ! Where deceased lived. If institution: residence before admissing the state B. COUNTY Maryland						Jmission		
HOSPITAL OR				C. CITY OR TOWN	V		D. INSIDE	CITY LIMITS	3?	
10	Provident			Baltimor	re		,	YES X	№ П	
3/	1514 Divi	sion S	treet	E. STREET AND I						
	Baltimore	, Mary	land 21217	1823 Cli	fton	Avenue				
Male	6. RACE Negro	7- MARRIED WIDOWED	NEVER MARRIED Separated Divorced	8. DATE OF BIRTH		9. AGE (In ye lost birthday)	ors 13	If Under 1 Y Months Day	s Hours	Min.
OA. USUAL OC	CCUPATION (Give kind of work	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or fore	ign country)		12. CITIZEN	OF WHAT C	OUNT
	of working life, even if retired) borer	N	one	Virginia	1			II.S	S.A.	
3. FATHER'S N				14. MOTHER'S M.		A E				
				Moint of M.						
	Not Known				Not	Known				
5. Was Deceas les, no or unkno	red Ever in U. S. Armed Fare wn) lif yes, give war or date:	ces? s al service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				AD	DRESS	
No			217-14-9875	Mrs. Ann	a Pos	ie -Lan	dlady	r	Same	
18.	-041		CAUSE OF DEAT	Н					PROXIMATE IN	
DISE	ASE OR CONDITION DIR	ECTLY				-		BETW	EEN ONSET AT	ND DEAT
	LEADING TO DEATH		ALABAMEDIATE CAL	- LOOT.	FA	luse >		1		
(This does	not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE O						
heart follur	e, asthenia, etc. It meons complication which coused	the disease,	,							
	ANTECEDENT CAUSES		60.0	TO T	- 1	60				
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	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above couse (A) stating the					10 1	0 -	- 1		
	UNDERLYING CONDITION last. (C)				ruere	- Kleke	Will	Loca	•	
-	li li	-				4				
TO THE DE	NIFICANT CONDITIONS CON ATH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	E TERMINAL	**********************						************	
104 5450	OF OPERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY?	IYes or No	208, IF YES, IN CERTIFY	WERE FIN	DINGS CON	SIDERED	
21A. ACCIE	WAS PERF	ORMED		No		IN CERTIFY	NG CAUS	ES OF DEAT	H?	
21A. ACCIE	DENT WAS UNDERLYING	21 B	PLACE OF INJURY (e.g.,	n or obout 21 C. WHI	ERE DID	(If In	Baltimore (City, give exc	ct lacation)	
DEATH (not	ify medical examiner	etc.	ne, farm, factory, street, o	lice bidg., INJURY C	DCCUR?					
21D. TIME	(Monthl (Day) (Year)	(Houd) 21E	INJURY OCCURRED	215 1101						
OF INJURY	tividiniii (Day) (160)		ile At [7] Not While		M DID INI	URY OCCUR?				
(APPROX.)		Wa	rk At Work							
22. I certl	fy that (1) (this hospital)	attended t	he deceased from	pril 22,	3	19 69 to	April	26.	19	69
that (I) (w	e) last saw the decease	d alive on	April 26,	10 69		ot fn(my) (o	\ll			
					ond th	or in (my) (o	or, opinic	on deoth oc	corred on a	ne dat
23A. SIGNA	and from the causes stat	ed abave. (l) (We) (dld) (dld not) v	lew the body ofte	er death.					
23A. 31GNA	IORE	2 ~	Atta				23	B. DATE SIC	SNED	
	3/	GUENE	M.D DEGREE Phy	nding Med	ctor 🗆	Shaff Phys. 52		4-28	3-69	
23C. PHYSIC NAME	IAN'S (Type)	/		23 D. ADDRESS						
		AUTO	Nam.D.	1514 Div	ision	Street	Bal	to. N	farylar	br
4A. BURIAL C	REMATION, 248. DATE		AME of CEMETERY OF CRI			CATION		town, or cau		(State)
Buria	4/30/		Mt.Calvary C			Anne A	runde			•
SA. DATE REC		163 17	OF REGISTRAR	25C. FUNERAL					DDRESS	
	4746.427	Carola	willing any	Margan	etta	B. Brown	1 3106	Walb	rook A	ve.
S 150-REV. 1/	1/68									



VS 151-REV. 1/1/68

BIRTH NO. 1. NAME Of (Type or Print)	F DECEASED	М.		:		2. DATE OF	Known 🗆	Month	Doy	Yeor	Hour
	RGARET BALTIMORE,		WHEDE DE	KURE		DEATH 3. DATE	Estimoted X	Month	Doy	Yeor	Hour
FULL NAME C	OF (IF I	NOT IN HOSPIT	AL OR INS				NCED DEAD		1 00	1 969	12:15 A
HOSPITAL OR INSTITUTION		DRESS OR LOCA	ATION)			5. USUAL RE	SIDENCE (When	Apri.			before odmission)
Sou	ith Balt:	imore Ge	eneral	1 Hos	nital	A. STATE Ma	ryland		B. COUNTY	1	6-11
6. SEX	7. RACE				NEVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS?	
fema1	Le wi	nite		WED X	DIVORCED	В	altimore			YES X	NO 🗌
9. DATE OF		10. AGE (I	n yeors	If Under	1 Yr. if Under 24 Hrs. Doys , Hours , Min.	E. STREET A	ND NUMBER	11.3			
	, 1896	10	2''				242 O'Do	nnell S	St.		
	ACE (State or for	reign country)		12. CITIZ	ZEN OF AT COUNTRY?	13. FATHER'S					
	imore	0. 1. 1	I A D LATE OF	13.11			ael Karw				
done during m	ost of working life	even if retired)	140. KINL		INESS OR INDUSTRY				1,-		
	CEASED EVER			n Hom	SOCIAL	18. INFORM	abeth Ra	rajezar		ADDRESS	
(Yes, no or unl	known) (If yes, giv	ve wor or dotes	of service	e) 2	19-32-0648		Kurek	32/12 (11 Stre	net.
19	104				CAUSE OF DEA) m 4 m 1	O DOMINO	- Al	PPROXIMATE INTERVAL
Di	ISEASE OR COL	NDITION DIRE	CTLY		Arterio		ic Cardi	ovascu]	lar Dis	ease	
heort	loes not meon to foilure, osthenio, or complication	etc. It meons the	e diseose,			AS A CONSEQU	JENCE OF:				
			····/		(P)						
DISEA	ANTECEDE	NT CAUSES DITIONS, IF AN	Y, GIVING	3	(B)	AS A CONSEQ	UENCE OF:		**************************************		
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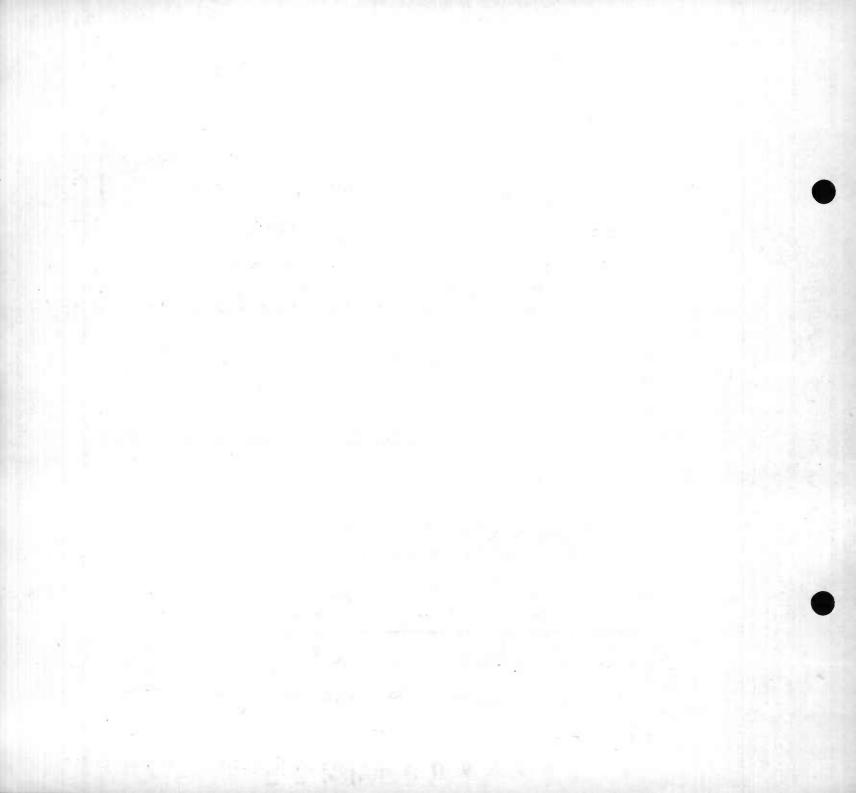
deed at a distance

Brooks Advance 1955 The Colonia Colonia Colonia

Minst Steel a feet 15 E. Steel Steel St.

R. VALLE

-EVEL . The their a chart



MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRT	H NO.				UA III					REG. I	NO		
	AME OF DEC	EASED		10.14			2. DATE	Knawn 🗌	Manth	Day		Year Haur	
(Type or Print) BERTHA HANDY							DEATH	Estimoted	April	26.	1969	6:	30 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							3. DATE		Month	Day		Yeor Hou	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						PRONO	UNCED DEAD	April	26.	1969	6:	30 P. M.	
ORIN	SINA	I HOSP	ITAL				5. USUAL F A. STATE	RESIDENCE (Where Maryland	e deceased live	ed. If instit	utian: resid TY	dence before	admission)
6. SE	X	7. RACE		8. MADD	IED TO N	EVER MARRIED	TIC. CITY OF	R TOWN		D. INSID	E CITY LI	MITS?	
F	emale	Neg:	ro	WIDOW		DIVORCED [Dola	imore			YES [] NO[1
9. DA	TE OF BIRTH		10. AGE (I	years	If Under	1 Yr. If Under 24 H		AND NUMBER					
0	ct 29	1880	TOST DITINGO	88	1	July's Triodis Tim	4673	Falls Roa	ıd				
11. BI	RTHPLACE (S		n cauntry)		12. CITIZ	EN OF	13. FATHER						
0	11 1		100		WHA	T COUNTRY?	1 . 1	1	(,				
144	SUAL OCCUE	ATION (Give	kind of work	14R KIND	OF RUSI	NESS OR INDUS	IPV 15 MOTH	R'S MAIDEN NA	Jac	ESC	31/		
done	luring mast of w	arking life, eve	en if retired)	C .	01 8031	INESS OK INDOS	IKI 13. MOTH	K 3 MAIDEN NA	VIE 1				
	James.			Put		inily	Hen	rietta (grahe	S			
	AS DECEASE					SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRE	SS	
(,	(pag, g o	0. 0. 00.00	4, 50, 1, 10,		SECORITI IÇO.	6,00	Madelin	Heah	oot	467	> fal	1/c D1
15	1419	Ula .				CAUSE OF D	EATH	io ci ci gio	116160	9651	10)		ATE INTERVAL
	1/4		710 11 7100									BETWEEN ON	ISET AND DEATH
		OR CONDI		CILY		Arter	losclero	tic cardio	vascula	ar di	sease		
	(This does no			ina e a		(A) IMMEDIAT	R AS A CONSEC	NIENICE OF					
	heort foilure, Injury or cam	asthenia, etc.	It means the	disease,		000 10, 0	K AS A CONSEC	JUENCE OF:					
	injury or cam	рисонал жис	n causea ae	am.)				Sept.					
	AN	TECEDENT	CAUSES			(p)							
	DISEASES O	R CONDITIO	NS, IF AN			DUE TO, C	R AS A CONSE	QUENCE OF:					
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3L						(C)					nderen deren de de en de deren		
CERTIFICATION	071150 510111		II	0117010117						110-2			
O	TO THE DEA	FICANT CON TH BUT NOT	RELATED TO	THE TERM	ING								
=	DISEASE OR	CONDITION	GIVEN IN P	ART 1 (A).									
3 2 P	DA. DATE OF	OPERATION	1 20B. COI	NOITION	FOR WHI	CH OPERATION	WAS PERFORM	MED			21.	AUTOPSY?	Yes or No)
	0											no	
15		AL CAUSE			22B. PLAC	E OF INJURY(e.	g., in ar about	22C. WHERE DID	(If In Boltimore	City, give	e exact lace	ation)	
8 1	INDERLYING				hame, for	n, tactary, street, o	fice bldg., etc.)	INJURY OCCUR?					
	JTING L CAL		ay) (Yea	·) (Hour	1 22F.10	JURY OCCURRE	0	22F. HOW DID IN	ILIRY OCCU	22			
	F INJURY			, (WHILE		OT WHILE						
	APPROX.)				m. WORK	A	WORK L						
23		f			٦.			1.1					
		fy that I he		nquiry L	_ Ins	pection X	Autopsy 📙	ond that on the	his bosis, c	leoth in	my opin	ion	
	result	ed from: No	tural cou	ses X	Accid	ent L Sui	ide 🔲 H	omicide 🔲	Undetermin	ed monn	er 📙		
		1		1 1.1	/	. /		CHIEF MEDICAL E	XAMINER			DATE	SIGNIED
	ACTUAL	DE 116	engo	UV	luc	1h	ASS	ISTANT MEDICAL	XAMINER [X		DAIE	SIGNED
		KE L		- 1		n	ACC	OCIATE MEDICAL E	YAMINED		1.1	27/60	
	SIGNATU	D'S									4/	///09	
	EXAMINE		na1d	N. Ko	rnh1u	m.M.D	7331		NAME OF THE PARTY		4/	27/69	
	EXAMINE NAME (T) BURIAL CREM	ATION, 24	onald	N. Ko	rnb1u	m, M.D.			LOCATION	(City.			(Stote)
	EXAMINE NAME (T)	ATION, 24		N. Ko	rnblu 24C. N.	m.M.D.				(City,	town, or o		(Stote)
REM	EXAMINE NAME (T) BURIAL CREMOVAL (Specify	ATION, 24	4B. DATE	N. Ko	24C. N.	m, M.D. AME of CEMETER hatus				(City,			(Stote)
REM	EXAMINE NAME (T) BURIAL CREM OVAL (Specify DATE REC'D	(pe) RO ATION, 24	5-/- DEPT.	-69	24C. N.	m,M.D. AME of CEMETER Hatus REGISTRAR	Y or CREMATO		LOCATION BALLI	(City,			(Stote)
REM	EXAMINE NAME (T) BURIAL CREMOVAL (Specify	(pe) RO ATION, 24	4B. DATE	-69	24C. N.	hatus	Y or CREMATO	ORY 240.	LOCATION BALLI	(City,	town, or o	county)	(Stole)



		BALTIMORE CITY	HEALTH DEPARTMENT		00
BIRT	rh No. 69 4432	CERTIFICA	TE OF DEATH	REG. NO	69 4432
	AME OF DECEASED Frances V.	Reda	2. DATE AND	28169	6.45 Dm
	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins	ditution: residence before admission)
HO	SPITAL OR ADDRESS OR LOCATION ROSTITUTION Church Home & Ros	spital	C. CITY OR TOWN BALTIMORE		DE CITY LIMITS?
3	5 Baltimore Md. 2	1231	E. STREET AND NUMBER	_s wash	inglan & 2123
5. \$	EX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED E	11 4- /88	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUS during most of working life, even if retired)	NG MFa.	1. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME Frank Jankiew		4. MOTHER'S MAIDEN NAM	4	ne Dekowski
15. V (Yes	,no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	7. INFORMANT 3. Mr. Edmund		ADDRESS S. Washington St
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	0	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAUS	E Phelin CONSEQUENCE OF:	nou ra	· 3 weeks
	heoil foilure, osthenio, etc. Il meons the diseose, injury ar complication which caused death.) ANTECEDENT CAUSES	C	consequence of: Duglo 1, ve the A.S.	earl tall	ne Long Standing
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(C)	CONSEQUENCE OF:		
NOI	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19 B. CONDITION FOR WHICH WAS PERFORMED	CH OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	ACE OF INJURY (e.g., in form, foctory, street, offi	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If in Baltimore	City, give exoct facotion)
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) While A Work	JURY OCCURRED Not While At Work	21F. HOW DID INJU	IRY OCCUR?	
	22. I certify that (1) (this haspital) attended the d		10	,	- 28 19 69
	and haur and fram the causes stated abave. (1) (W				23B. DATE SIGNED
	23C.PHYSICIAN'S	DEGREE Phys.	ding Med. Director B	Staff Phys.	april 28, 1969
	NAME (Type) VENERACIO.	DEGREE	Cherre	le Home a	nd Hospital.
	Burial 5/1/69 Hol;	y Rosary	Ba	altimore,	y, town, or county) (Stote) Maryland
25A	APR 30 188 (258. NAME OF RI	EGISTRAR M.D.	M. F. SADOWSKI	& SONS, 1	808 Eastern Ave
	APR 3 0 1969 (7.0. 4 E. 3	For M.D.	M.F.SADOWSKI	& SONS, 1	

Religions My Style A Parker of the Control of the Parker of the Control of the Contro 08 14-111 Securities comments Medical Calherine Ketsonsil FIANK JOINKIEWICZ 216 OF 1663 Presumberia Constitute that feeling

		69	44:	33 CERTIFICA	TE OF	DEATH	REG. NO.	69	4433
I. NAME	OF DECE	ASED							
(Type or P			d J.	Gutows	L:		HOUR OF DEA		7. 50 0
3. PLACE	IN BALT	MORE MARYLAND, V	HERE PRON	OUNCED DEAD		RESIDENCE (Who	ere deceased lived.	II institution: resider	7-50 Annce before admission
FULL NA HOSPITAL	OR	(IF NOT IN HOSPIT	AL OR INST	ITUTION, GIVE STREET		1D.		/	-03
48		Marylan			B	a lime		YES A	NO 🗌
			tospi		2	438	Foster	Ave	HE WILL
5. SEX		S. RACE		NEVER MARRIED	8. DATE OF		9. AGE (In years last birthday)	Il Under 1 Y	r. If Under 24 Hrs. Hours Min.
ALIZU AOI	Locciu	ATION (Give kind of week	WIDOWE	DIVORCED DIVORCED DE BUSINESS OR INDUSTR		.25	144		
done during	most of we	orking life, even if retired)	1			ACE (Stote or low	and	12. CITIZEN	OF WHAT COUNTRY
12 = - = - =	Ship	ping derk	Lith	ographic	30	a (timere	,MD.	US	A.
13. FATHE	R'S NAM	Den ami			14. MOTHER	'S MAIDEN NA			
		Benjani		utowski		1 any A	un? Mar	y Rogals	ki
Yes, no or u	eceased E unknown) (ver in U. S. Armed For Il yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORM				
No				219-18-1741	III 2004	Te by	łut p wski,	2430 FOS	Q Ave
18.	-91	XI		CAUSE OF DEAT	Н				ROXIMATE INTERVAL
_	DISEASE	OR CONDITION DIS	ECTLY					BETWE	EN ONSET AND DEATH
(This	does not	mean the mode of	dving e.g	(A) IMMEDIATE CA	USE (yren	ria		month
heor	tailure, a	sthenia, etc. It means lication which caused	the disease	DUE TO, OR AS	A CONSEQUE	NCE OF:			
		TECEDENT CAUSES	acan.			1		- 1,	
DISEA		CONDITIONS, II	any aivina	(B) SCP	MCGW 1	a and	uvinan	y Track nfertion	
rise	to the	obave couse (A)	stoling the) DOE 10, O. A.			1	n fer from	
UNDE	KLTING	CONDITION lost		(c) K	. HA.	grone	shro sis		***************************************
	E DEATH	ANT CONDITIONS CONBUT NOT RELATED TO TH	IF TERMINAL						
19A.D	ATE OF C	PERATION THE CON	DITION FOR	WHICH OPERATION	120A. AUTO	OPSY? (Yes or No) 208 IF YES WEI	RE FINDINGS CON	CIDERED
19A.D/	,	WAS PERF	ORMED		V	دے	IN CERTIFYING	CAUSES OF DEATH	17 UL
OR CO	IN TRIBUTI	WAS UNDERLYING NG CAUSE OF		B. PLACE OF INJURY (e.g., me, form, fociory, street, o	n or about 21 C. lfice bldg., INJ	WHERE DID	(If In Boltin	nore City, give exac	t locotion)
OF INJ	ME (Month) (Doy) (Year)		E INJURY OCCURRED	21F.	HOW DID INJ	URY OCCUR?		
E (APPRO			W	hile AI Not While At Work	• 🗆				
22. 0	ertify th	at (1) (this hospital)			3.97		1965 to	/1 2 2	60
		st sow the decease			19.6	-	1		19.09
				(i) (We) (did) (did nat) v			at in (my) (out) o	binion death occ	curred on the date
23A. SIG	GNATURE			יין לוופן לעוטי לעום אמון ל	lew the body	difer degin.	0 14	23B, DATE SIG	NED
735 84	YSICIAN	hammer	Sic	DEGREE Phy		Med. Director	Stoff DP Phys.		28.69
N/	ME (Type	AMMAD	Sini	M.B. B. Speciel	23D. ADDRESS	mland	Comme	el Has	ni du
24A. BURIA		ATION, 124B, DATE	24C.N	AME of CEMETERY OF CRE			CATION	City, lawn, or coun	1
Buri	lal	5/2/69		Ly Rosary			timore,	Mary	
SA. DATE	APR	3-011969	1090	OF REGISTRAR	D 25C. FUNI	SADOWSK	I & SONS	,1808 EA	STERN AVE
/S 150-PEV	3/3//0		11.11		1 6	1			

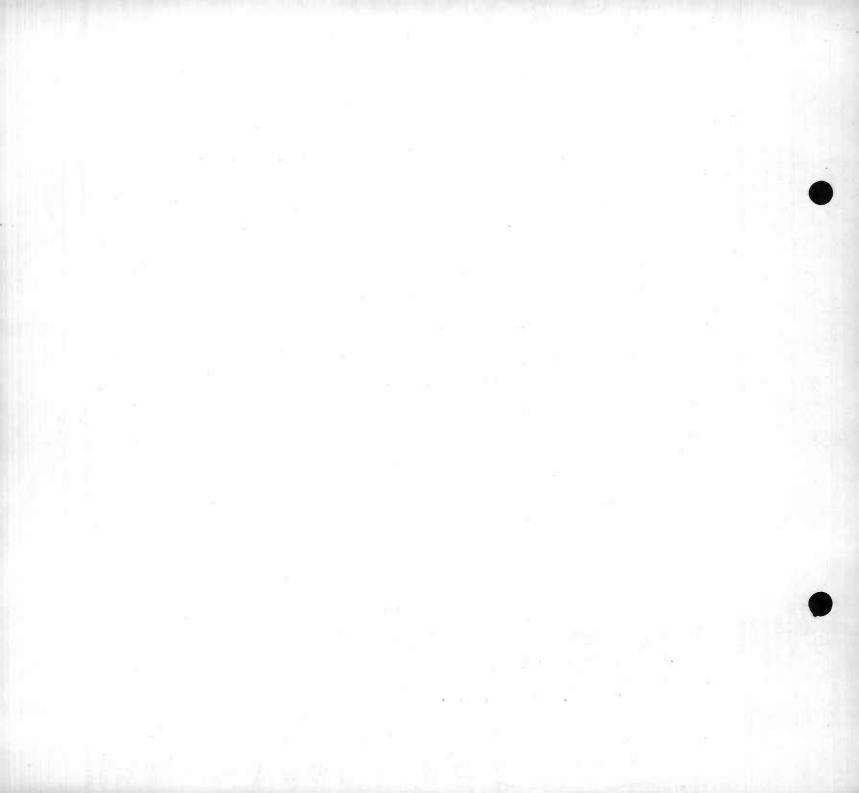


BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

VS 150 REV. 1/1/68

D. INSIDE CITY LIMITS? YES 🔯 NO If Under 1 Yr. Months: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. BOWMAN ADDRESS BETWEEN ONSET AND DEATH (If In Boltimore City, give exact location) and that in (my) (aur) apinian death accurred an the date (City, town, or county) ADDRESS

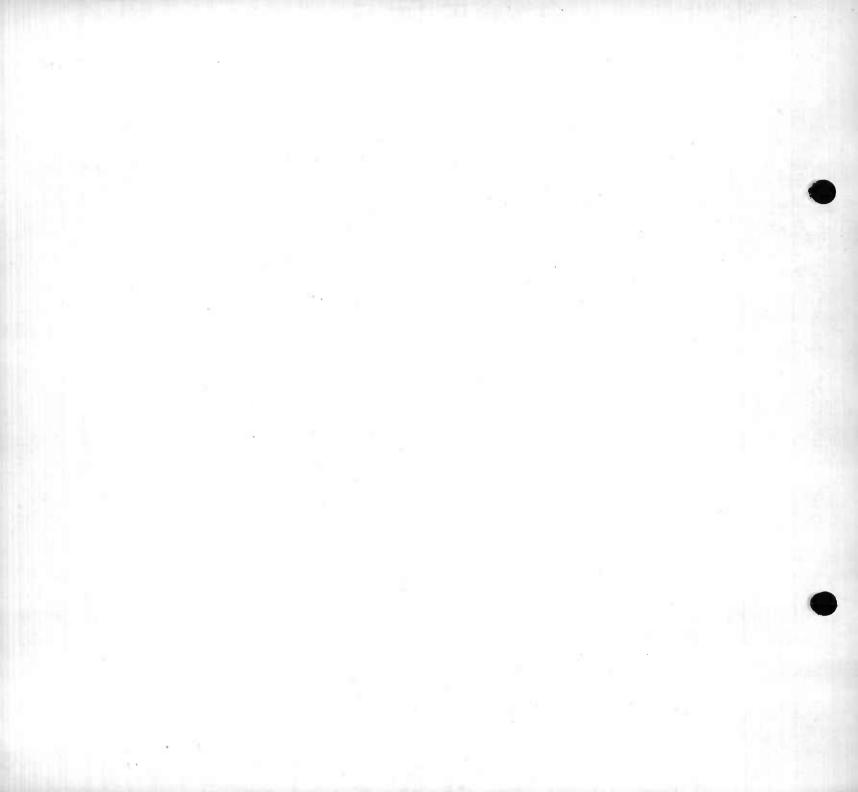


		BALTIMOR	E CITY HEA	LTH DEPARTMENT							
	URTH NO. 69	4435 CERTIF	ICATE	OF DEATH	REG. NO	69 4435					
1	NAME OF DECEASED			2. DATE AND HOUR OF DEATH							
	CAMPO, JOSEPH 3. PLACE IN BALTIMORE, MARYLAND, V	HERE PRONOUNCED DEAD	IIA H	APRIL 29, 1969 4:30 A. M. 4. USUAL RESIDENCE IN the deceased lived. Il institution: residence before admission)							
111		AL OR INSTITUTION, GIVE STREET	A. S1	A. STATE B. COUNTY							
	HOSPITAL OR ADDRESS OR LOC.	AL OR INSTITUTION, GIVE STREE	T M	MARY LAND C. CITY OR TOWN D. INSIDE CITY LIMITS?							
V	WILKENS & CATON A	VENUES	11	ALTIMORE	5. 11431	YES X NO					
ľ	BALTIMORE MARYLA	ND 21229		E. STREET AND NUMBER 524 ALLENDALE STREET							
5	SEX 6- RACE	7. MARRIED X NEVER MARRIE		TE OF BIRTH	9. AGE (In years	If Under 1 Ye., Il Under 24 Hrs.					
	MALE WHITE	WIDOWED DIVORCE		3 18 96	last birthdayl	Months Days Hours Min.					
9	OA. USUAL OCCUPATION (Give kind of world one during most of working life, even if retired)	10B, KIND OF BUSINESS OR IND	USTRY 11. BI	RTHPLACE (Stote or fore	eign country!	12. CITIZEN OF WHAT COUNTRY					
	MASON	MASONARY	1	TALY	USA						
ă.	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
17	JOHN, CAMPO	DEC		Gando	olfa						
a	es, no or unknown) (If yes, give wor or dole	s of servicel SECURITY NO.			CORD'S BAL						
_	YES WW1			T AGNES HO	SPITAL WIL	KENS & CATON AV					
	DISEASE OR CONDITION DI	CAUSE OF		ny edemo		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	LEADING TO DEATH	.)									
	this does not mean the mode of heart failure, asthenia, etc. It means	the disease.	OR AS A CON	SEQUENCE OF:		***************************************					
	injury at camplication which caused	death.)									
	ANTECEDENT CAUSES			anemia.	GI Bleed?	4					
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION last.											
\\\(\sigma_{\sigma}\)											
O THER SIGNIFICANT CONDITIONS CONTRIBUTING E TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN THE TAIL ABOUT A CONTRIBUTION OF THE TERMINAL ODISEASE OR CONDITION GIVEN IN THE TAIL ABOUT A CONTRIBUTION OF											
ATT.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	I TERMINAL MAN	l'aortic onenysm.								
Claires.	19A-DATE OF OPERATION 19B. CON WAS PERF	DITION FOR WHICH OPERATION	207	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
130	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY	e.g., in or obe	, in or about 21 C. WHERE DID affice bldg, INJURY OCCUR? (If in Boltimore City, give exact location)							
A	DEATH Inglify medical examined	elc.)	et, affice bld	INJURY OCCUR?							
LED!	OF MILLIAN	(Hour) 21E INJURY OCCURRE)	21F. HOW DID INJ	URY OCCUR?						
Z	(APPROXI	While At Not	While Work								
	22. I certify that (X) (this hospital)	attended the deceased from	APRIL	22.	1969 to APRI	L 29. 1969					
	that (){ (we) last sow the decease	d alive an APRIL 29		1969 and th		Ian death accurred an the date					
	and have and from the causes stat	ed abave. XI) (We) (did) (X()()	(a)O view th	bady after death.	•						
	23A. SIGNATURE		A11 42			23 B. DATE SIGNED					
	Jae-Shing 23C. PHYSICIAN'S	Wa DEGREE			Staff Phys.	April 29 69					
	TSE-SHIUNG WU,		23D. AD		BALTI						
24		D	GREET		ITAL WILKE						
	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY				, town, or county! (Stole)					
-	Burial 5/2/69 A. DATE REC'D SY HEALTH DEPT.	New Cathedral			timore, Md.	400					
	APR 3 0 1969	John Liberto	A PW	itzke, 4101	Edmondson Av	e., 21229					
L.	150-REV. 1/1/68	7 1	01	4 4 1							

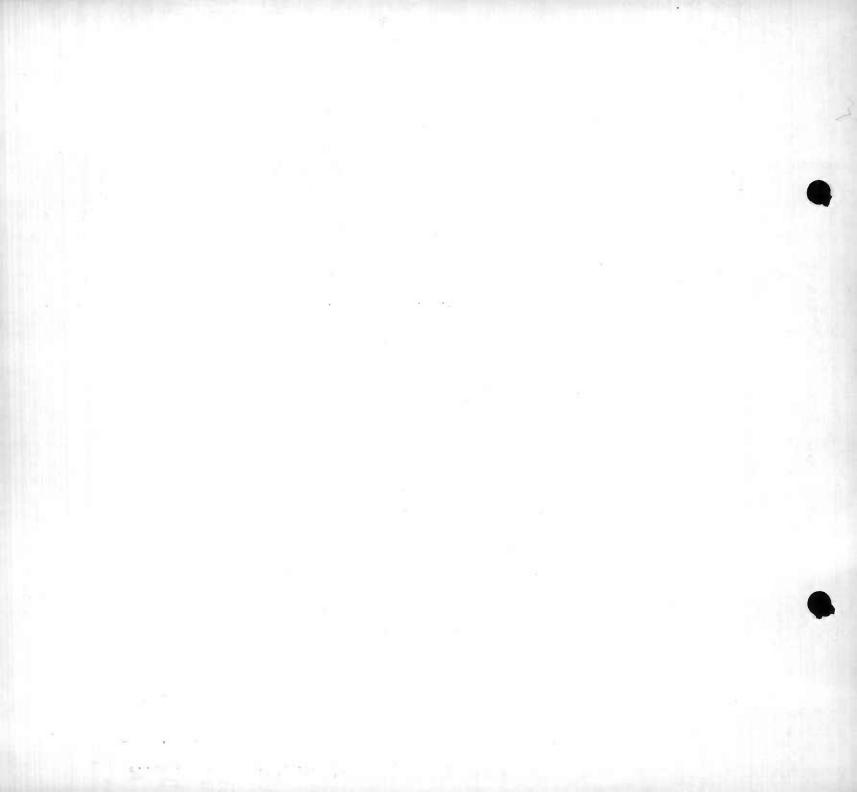


D. INSIDE CITY LIMITS YES W NO If Under 1 Yr. Manthsi Days If Under 24 Hrs. Hours i Min. 12. CITIZEN OF WHAT COUNTRY? U.S. ADDRESS Billinton, BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exact location) ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED shows: (1) Mas Witzke, Edmondson Ave., 21229 Ď VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV, 1/1/68



1700		HEALTH DEPARTMENT 69 4438							
-	BIRTH-NO. 69 4438 CERTIFICAT	E OF DEATH REG. NO.							
	Type or Print Baztha Bright	2. DATE AND HOUR OF DEATH							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION)	A. STATE B. COUNTY BEGINNER County							
	33 11 11	Teturore ma YES NO							
90	John Hopkins Hosp	1332 Argula Ave 17-03							
E S	Temals Neor WIDOWED DIVORCED DI	8. DATE OF SIRTH 9. AGE (In years of Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.							
_	[done during most of working life_even if refired]	BIRTH LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
		etersburg, Virginia U.S.A							
aisposition	13. FATHER'S NAME	MOTHER'S MAIDEN NAME							
- 1	17. Wos Deceosed Ever In/U. S. Armed Forces? P.6. SOCIAL 17.	INFORMANT JONES							
	(Yes, no or unknown) (If yes, give were or dotes of service) SECURITY NO.	O ADDRESS							
	18. 3 7 / CAUSE OF DEATH	John H. Bright - 1332 Argyle Ave.							
3	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH							
	LEADING TO DEATH (This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g.,	Hepatic Jayrel 4/24 > 26							
2	heart lating actionic ate it it - 1'	col cyolocomy and clear loop							
	ANTECEDENT CAUSES	200							
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A O	CONSEQUENCE OF:							
	ise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)	es Cirriosis							
	z II								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ma of the bladder							
1	WAS PERFORMED WAS DELLED	20A. AUTOPSY! (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	OP CONTRIBUTING CALLES OF INJURY 18:99 IN OF	about 21 C. WHERE DID (If In Solitmore City, give exact location)							
	Death (notify medical examine) no lelca hone	none							
	- IOF INJURT	21F. HOW DID INJURY OCCUR?							
	Work At Work	mone is							
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on 126 69 02	19 6 ta 19 6 19 6 19 6 19 6 19 6 19 6 19 6 19							
	and haur and fram the causes stated above (1) We) (did) (did nat) view	the body after death.							
	234. SIGNATURE	23B. DATE SIGNED							
	BOULD CHUICE TU SEGREE Phys.	Director Phys.							
	NAME (Type)	ADDRESS							
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATERY OF CREMA	J.H. []							
	REMOVAL (Specify)	(Stole)							
	Burial 4-29-69 Carver Memorial P	ark Laurel, Maryland 25C. FUNERAL DIRECTOR Charles R. Law 802 Madison Ave.							
	APR 3 0 1969 (16 Sent E. 9 20 C) ME	Charles R. Law 802 Madison Ave.							
- 1	VS 150-REV. 1/1/68								



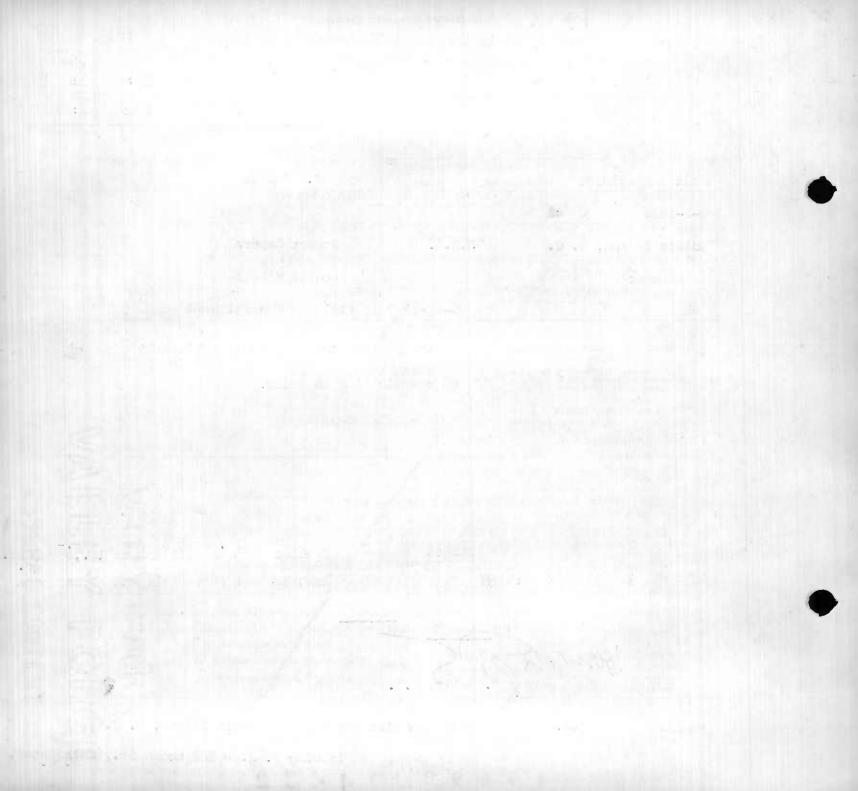


	4.	U	BALTIMORE	CITY	HEALTH	DEPARTMENT
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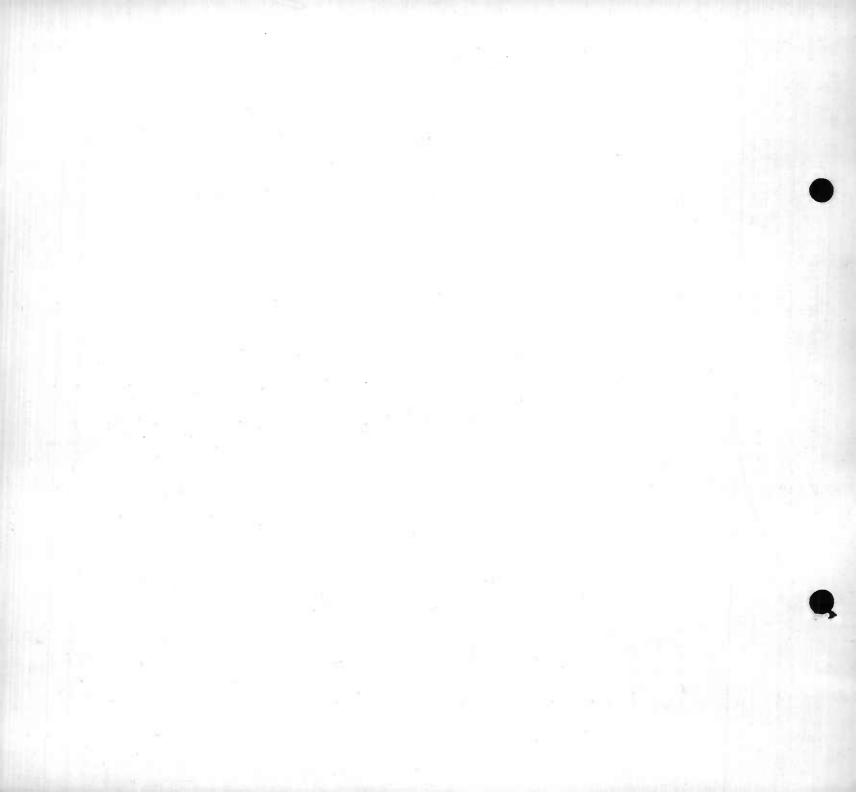
			MED			AMINER'S			OF	DEAT	H REG. N	69	44	40
1. 1	TH NO. NAME OF DEC		e Caper	rs			2. DATE OF DEATH	Known 🛣		Manth	28°	1969	Hour 1:00	PM _M
FUL	L NAME OF SPITAL INSTITUTION	(IF NO		L OR INST		NCED DEAD N, GIVE STREET	3. DATE PRONO	UNCED DEAD		Manth 4	28	1969	1:00	PM M
			rsity F				A. STATE	Marylan		deceased li	B. COUNT	7	0-0	ission)
6. S	lale	7. RACE Color	ed	8. MARR		NEVER MARRIED DIVORCED	C. CITY OR	St. Mic	hel	S	ט. ואוט	YES	NO 🗆	
	-2-1926	4	er 1 Yr. If Under 24 Hrs. Days Haurs Min.	E. STREET	AND NUMBE	R								
	BIRTHPLACE(S		IZEN OF	13. FATHER	obert C	ape:	rs							
	USUAL OCCU during mast of w Labore	arking life, e		148. KIND		SINESS OR INDUSTRY		R'S MAIDEN ouisa M						
16. (Ye:	WAS DECEASE , na ar unknawn) No	ED EVER IN (If yes, give	U.S. ARMED war ar dates	of service)	7. SOCIAL SECURITY NO. 249–28–3307	18. INFOR	MANT lding F	une	ral H	ome	ADDRESS		
CERTIFICATION	(This does not heart failure, injury ar com AN DISEASES (RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	at mean the astheria, et astheria, et application who the condition of the	e mode of dy c. It means the ich caused dec I CAUSES IONS, IF ANY AUSE (A) STA TION LAST. II INDITIONS CC I RELATED TO	ing, e.g., disease, oth.) , GIVING TING THE	INAL	(A) IMMEDIATE C	AUSE AFFECTION Cating	injurie		ute p	yelone	phriti	s 	
CERTIF			N 20B. COL			HICH OPERATION W	AS PERFORA	MED	© 6	் கை அளவு குடிக்கை வெ		21. AU1	ropsy? (Yes Yes	or Na)
MEDICAL	UNDERLYING UTING CA	USE OF DE	NTRIB- ATH. Day) (Year	r) (Havi	home, f	ACE OF INJURY(e.g., orm, factory, street, offic Street INJURY OCCURRED ILE AT NOT RK AT W	e bldg., etc.)	22C. WHERE INJURY OCCU 2 miles 22F. HOW DII lost co	We D INJ	Oft.N st of URY OCC	orth c Willi UR?	of James Lamburg	Rd.,Do	ches 60.
	Automatical Control	JRE 1960 ER'S	Natural cau	F	2	nspection Ausident Suicis	ASS	and that amicide CHIEF MEDIC ISTANT MEDIC DCIATE MEDIC	U CAL EX	ndetermi AMINER AMINER	death in		DATE SIG 28,196	
RE	A. BURIAL CREA MOVAL (Specif	MATION,	24B. DATE	, //	2	NAME of CEMETERY				OCATION		town, or coun		ate)
25	Burial	DV HEALTH	5-4-69	losn N	AME	shley Bapti	Jose Leine	ELINIEDAL DIE	PECTO	7569	201011	ADDRESS	•	

VS 151-REV, 1/1/68

Flelding F. H. - 122 Logan St., Charleston,



5	5201	69 4441 BALTIMORE CITY HEALTH DEPARTMENT	9 AAAS
	36 6 3 6	BIRTH NO.	7 4441
3	deat deat cease on th	1. NAME OF DECEASED Martha Smith 2. DATE AND HOUR OF DEATH (Type or Print) 25, 1969	9:55 a. M
3	of of De De ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: III	esidence before admission)
7	hos use (5) dan de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL DR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LETTERS OF LOCATION DE	0-06
/	caus caus use; (; tenda	VES TOURS YES	NO 🗌
	ting d ca d ca r at prior	1 and 13aprist Mursing 110me E. STREET AND NUMBER	
	occurricular	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under Months) North Months	r 1 Yr. If Under 24 Hrs. Doys Hours Min.
	ont ont err reg eds		ZEN OF WHAT COUNTRY
	or or ander	House by tales	100
	if d (4) U was the spos	13. FATHER'S NAME	ukumru
N	din din	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
MPORTAN	the the kin dec nce	Ruseine Home Regal 280	Marrie ave
9	is as any any and nda	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z	Also Also Toun atte	LEADING TO DEATH (A) IMMEDIATE CAUSE OF MEDICE ELYSEN	
~	er. ctur pror	this does not meon the mode of dying, e.g., heort failure, asthenia, etc. It meons the diseose, injury or complication which caused death.)	
01.	min fra ho ho egul	ANTECEDENT CAUSES (B) COURSE CONTROL DE LES CONTROL DE LA	10915
DIRECTOR:	exa exa (3) A an w in r	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.	890
	edical dical urns; ysicia was		1
UNERAL	ef medy budy buy cian	☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL I DISEASE OR CONDITION GIVEN IN PART 1 (A).	CONSIDERED
Z	chic Bod Bod the tysic	WAS PERFORMED IN CERTIFYING CAUSES OF	
Ī	tal be; (2) here	OR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give of the control of the contr	e exact location)
	ospitature, pt wh (6) N ned b	Q 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21 E. HOW DID INJURY OCCUR?	
	d d d	Work At Work	19
	approtect to the stany of any all (exchip); and be obt	mil 231 /0	th occurred on the date
	9 9 9 5 5 5	10 10 10 10 10 10 10 10 10 10 10 10 10 1	***
	3 0.0 2 -		SIGNED 69
	s rele acci acci or to oval	23 PHYSICIAN'S NAMEWY (1) Phys. DEGREE Phys. Director Phys. 23D. ADDRESS	21/101
	certificate body was r vs: (1) An a D.O.A. at a assed prior ten approv	24A. BUBIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town),	alle UG,
	certi oody rs: (1 D.O. ased	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town; of China Cemetery) 4-29-69 Mt. Cucheera Cemetery Westpart (Buttern	se) Ink
	This certificate m the body was reli shows: (1) An acci was D.O.A. at a f deceased prior to	25A. DATE REC'D BY HEALTH DEPT. (25B NAME OF REGISTRAR) MD 25C. FUNERAL DIRECTOR LANGE AND 25C. FUNERAL DIRECTOR	ADDRESS Line
	-+ v > 0 >	VS 150-REV. 1/1/68	al mide



Georgia

Butler Sharpton

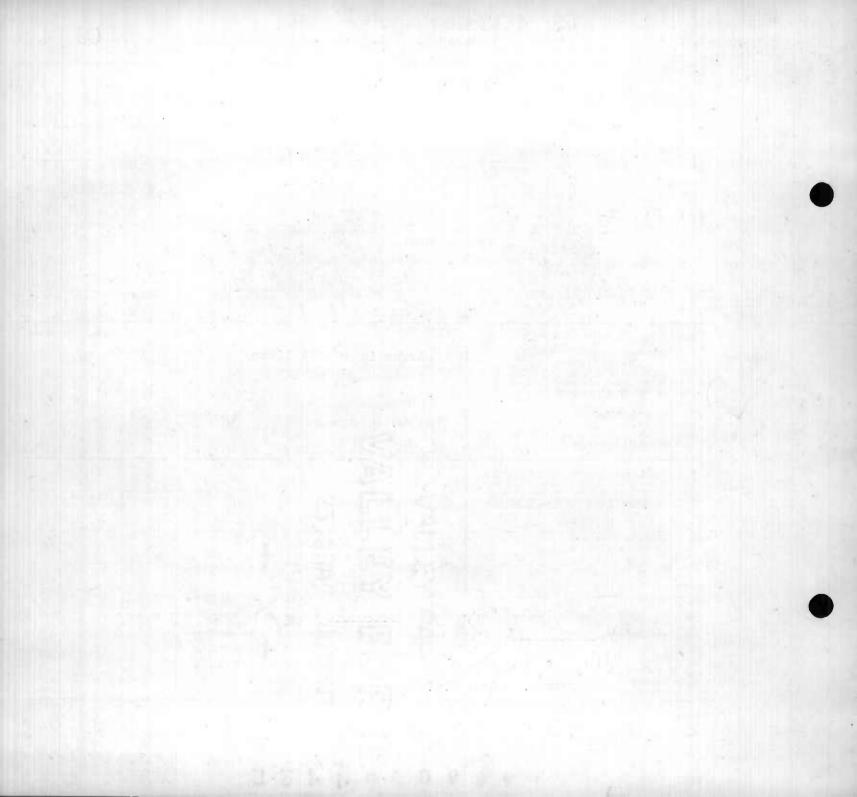
Janie

BCH Records: 4940 Eastern Ave Baltimore, Maryland #21224

69 4443 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	FYAMINER'S	CERTIFICATE	OF DEATH
			OI DEATH

			MAEI			AMINER'S			DEAT			69	4443
BIF	RTH NO.		MILL	JICAI	. L//	HIMINEK 3	CERTIFIC	CATE OF	DEATI	REG. NO			
1. (Typ	NAME OF DEC	LENA			LYL	ES	2. DATE OF DEATH	Known Estimated Ty	Month	Doy	Yeor	Hour	M.
	PLACE IN BAL		RYLAND,	WHERE P	RONOU	NCED DEAD	3. DATE	***	Month	Doy	Yeor	Hour	
HO	L NAME OF SPITAL INSTITUTION		T IN HOSPII SS OR LOC		NOITUTIIT	, GIVE STREET		INCED DEAD SIDENCE (Where	Apr		1969	7:1	O A M
0		. Edger	vood A	venue			A. STATE	yland		B. COUNTY	20	- 3	7
6.	SEX	7. RACE		B. MARI	RIED 🗌	NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?		
	female	nes	gro	WIDOV	-	DIVORCED [Ba1	timore		, v	ES X	NO 🗌	
9. [DATE OF BIRT		10. AGE (r 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER			20 (20)	110	
1	July 14.	1924	lost birthd	· <u>y</u>)	Months	Doys Hours Min.		N. Edgewo	ood Ave	enue			
vJ.	BIRTHPLACE (S	late or foreig	ountry)	ŧ		ZEN OF	13. FATHER		(/)	0 /			
		2	leon	new	WH	AT COUNTRY?	Do	vernor	Les	lest			
14A don	USUAL OCCU	PATION (Give	kind of wor	14B. KINI	OF BU	SINESS OR INDUSTR	Y 15. MOTHE	S'S MAIDEN NAM	AE,				
	you a	utices	ru,				150	wall	mer	ns)			
	WAS DECEAS s, no or unknown					SOCIAL SECURITY NO.	18. INFORM	AANT O	0	Α	DDRESS	1	0.1
						60-24-324	5 7 Tak	ert Lyl	10 10	5 h 1	Colhes	raped	St.
	19.5 7	1,81				CAUSE OF DEA	ATH	1				PPROXIMATE I	
		E OR COND		CTLY		Cirrho	sis of	the liver					
		of mean the		vina e a		(A)IMMEDIATE	CAUSE		No wash did did the and ready that the submedition against				
	heort loilure	, osthenio, etc.	It meons th	e diseose,		DUE TO, OR	AS A CONSEQ	UENCE OF:					
				,				-					
		NTECEDENT		V CIVILIO		(B) DUE TO, OR	AS A CONSEC	NIENCE OE					
	RISE TO THE	OR CONDITION	JSE (A) STA	ATING THE		DOE 10, OK	AS A CONSEC	VOENCE OF:					
Z	UNDEKLIE	NG CONDITI	ON LAST.			(C)							
¥Ţ.	OTHER SIGN	IIFICANT CON	II	CAITRIBIL	TIME		Tar .		W = 1				
CERTIFICATION	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERM	INAL								
RTI						HICH OPERATION W	AS PERFORM	ED			21. AUTO	OPSY? (Yes	or No)
S	7,										1799		
AL	22A. EXTER	NAL CAUSE	WAS		22B. PLA	CE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID (If in Boltimore	e City, give ex		Yes	
EDIC	UNDERLYING UTING CA				home, to	orm, foctory, street, offic	ce bldg., etc.) II	NJURY OCCUR?					
Σ		4	oy) (Yeo	or) (Hou	r) 22E.	INJURY OCCURRED	2	2F. HOW DID IN	URY OCCU	IR?			
	(APPROX.)				m. WHII		WHILE WORK						
	23.			-	7								
	I cert	ify that I h	eld on	Inquiry			topsy X	ond that on th	is bosis,	deoth in my	opinion		
	result	red from: N	atural co	uses X	Acci	ident Suici				ed monner			
	ACTUAL	100		1	5	2-		CHIEF MEDICAL E				DATE SIG	SNED
	SIGNATI		Suc	VIA	1/1	M.I	o, ASSI	STANT MEDICAL E	XAMINER	X		1 100 1	
	EXAMIN NAME (T	W.	erner	U. S	pitz,	, M.D.	ASSO	CIATE MEDICAL E	XAMINER			4/22/6)9
	A. BURIAL CREA	MATION, 2	4B. DATE		24C. I	NAME of CEMETERY	ar CREMATO	RY 24D. I	LOCATION	(City, tow	n, or county) (St	tote)
RE	MOVAL (Speci	(Y)	4-06	260	4	Sastania 9	latina	Clean 55	712	1.11.	KI	X	mil
25	A. DATE REC'D	BY HEALTH I	DEPT.	25R N	IAME OF	F REGISTRAR	250	UNERAL DIRECTO	OR A MALL	wer lly	ADDRESS	0.,	Ind.
				00	AS	= 300 m	M.D ()	send &	Kus	1 20	11/	W. 21	rela
	ADE	2 2 0 19	60	Mos	الملك	9 0 0	1	A DO THE	rues	and of	Train !	7	10 11 /



VS 150-REV. 1/1/65



D-3	24	69 4445 CERTIFICATE OF REALTH OPERATION CO. 4445
243	ري و	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 4445
oital and of death	th Sugar	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
		Voris Dodson 4/17/69 18'20 P.
0.6	0 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
hos use	- B -	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MOULTAIN ADDRESS OR LOCATION!
8 8 8	to to	C. CITY OR IGWN D. INSIDE CITY LIMITS?
ni in Bu		Johns Hopkers Hospite 1 (E. STREET AND NUMBERY
9 ± 0	L .	Balkrose, Mel Wolden
	gular sed p made	15. SEX 6. RACE N 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., II Under 24 Hrs.
occur	0 0 0	WIDOWED DIVORCED 3-6-38 OST Offindoy) Months: Doys Hours Min.
E 0 #		10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OP WHAT COUNTRY?
leat or	S D =	- House levile - Dame - daplata mol U.S.
if c	wa the pos	13. FATHER'S NAME
E 4.50	h	ROBERT DODSON FANNIE DUCKETT
A Paristan	0 0 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or doles of service) 16. SOCIAL SECURITY NO.
SSi SSi	_ E#	215364611 Carale Jaylor 150 Barnoly Se West & C
MPORTAN his assistan lso, if the d of any kind;	UE	CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH BETWEEN ONSET AND DEATH
IMP or hi	3 + B	LEADING TO DEATH
		(This does not mean the mode of dying, e.g., healt follow, asthenia, etc. It means the disease,
OR: niner iner.	900	injury or complication which coused death.
F 5 5 4	000	ANTECEDENT CAUSES (8) Underfine trelet Coverna 1 and 18
REC exc (3) A	3	DISEASES OR CONDITIONS, il any, giving rise la the above cause (A) stating the
	8 2	UNDERLYING CONDITION lost. (C)
7 .p.o. r.	vas was main	Z OTHER CONTROL
RA F me	an re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ; (A),
W 0 T	ici	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Chi Chi Book	hys re i	NO IN CERTIFIED CAUSES OF BEATH?
F 5 2	to ph befor	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?
ved by the hospital nature;	4 N P	DEATH (notify medical examined) Death (notify medical examined) Death
ospi natu	- 6 9	21D. TIME (Month) (Doyl (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) While A1 Not While
000	xcept and (c btain	Work At Work
a the	. a a	22. I certify that (I) (this hospital) attended the deceased fram 4/1/69 1969 to 4/14 1969
2 + 0	P 2 0	that (1) (we) lost saw the deceased alive an 8 50 m 4/7 19 6 5 and that In (my) (our) opinion death occurred on the date
Sed tr	deat must	and hour and from the causes stated above. (1) (We) (dld) (dld not) view the body after death.
musi elea:	E G	23B. DATE SIGNED
e must b released accident	or to	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 23D. ADDRESS
	A. at d prior	A / MAD Made Tolong House in The
certificat sody was	ap ap	ZAAL RUINIAL /C PEANATION 12/P CARE / Love Navier of Communication
s:	D.O dse	Dana 1 1/0/10 1
This cert the body shows: (was D.O./ deceased written a	25A. DATE REO'D BY HEALTH PEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR
두두등	- 11	PART 30 1969 A D. D. E. G. C. D. Barry Bar
	,	VS 150-REV. 1/1/68

5-530

69 4446 BALTIMORE CITY HEALTH DEPARTMENT

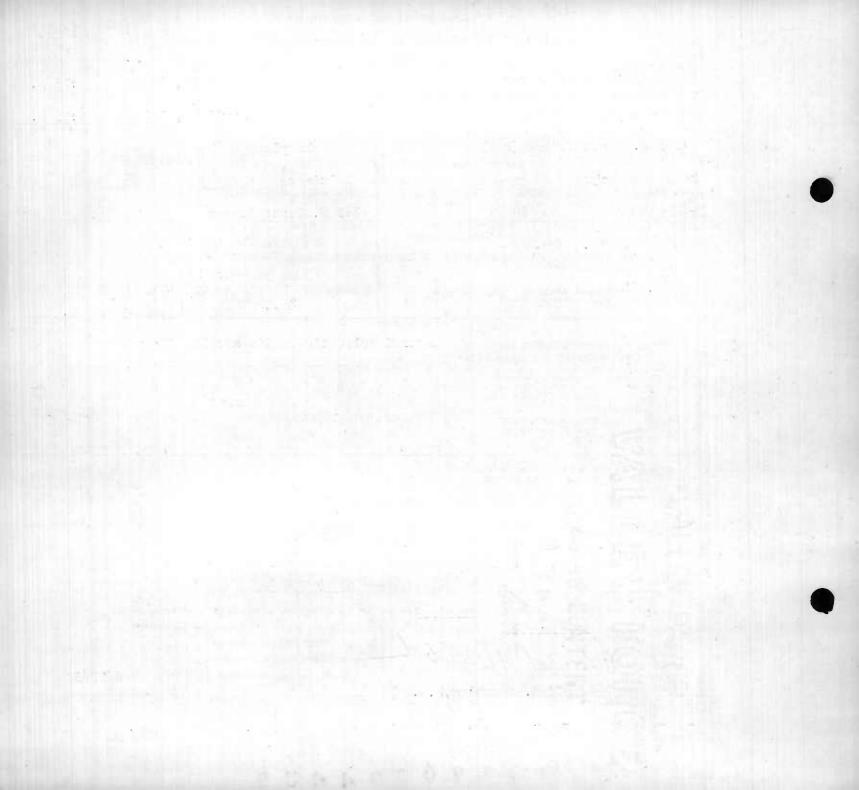
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BIRTH NO.		,,,,,,	10/12		., ., ., ., .	J=1(1 11 1	O/ 1.1 L		D = 7 (11)	REG. N	10			
I. NAME OF	DECEASED					2. DATE	Known		Manth	Day	Yeo	er Ho	ur	
(Type or Print)	FRANK		S	MIT	H	OF DEATH	Estimot	ed X						М.
	BALTIMORE, MA	RYLAND, W				3. DATE			Month	Doy	Ye	or Ho	ur	141.
FULL NAME OF	(IF NO		L OR INST		ON, GIVE STREET	PRONO	UNCED DE	AD	April	27,	1969	,	9:48	Pm.
OR INSTITUTION			,				ESIDENCE	(Where	deceosed live					
9 Provi	dent Hos	pital					yland		В.	COUNT	Y /	4-	03	3
6. SEX	7. RACE		8. MARRI	IED [NEVER MARRIED	C. CITY OF	TOWN		ı). INSIDE	E CITY LIMIT	r 5 ?		
male	neg	ro	WIDOW	ED	DIVORCED [Ba1	timore	2			YES X	NO		
9. DATE OF B	IRTH	10. AGE (In	yeors	If Un	der 1 Yr. If Under 24 Hrs.	E. STREET	AND NUM	BER						
1919		lost birthda	Λ)	Month	ns Doys Hours Min.	586	Baker	Str	eet					
11. BIRTHPLAC	E (State or foreig	on country)		12. CI	ITIZEN OF	13. FATHER								
Sc	outh Car	rolin:	9	W	HAT COUNTRY?		Unkn	Own						
				OF B	USINESS OR INDUSTR	VIII. MOTHE			AF					_
done during mos	t of working life, ev	en if retired)												
	orer				ruction		unkno	WIL					H	
(Yes, no or unkno	ASED EVER IN	U.S. ARMED wor or dotes	of service)	?	17. SOCIAL SECURITY NO.	18. INFOR					ADDRESS			
			<i>'</i>		25028-297	76 M	rs Ic	dell	Smith	,	same			
19. 4	3/.9		TILL T		CAUSE OF DEA	TH						APPROXI	MATE INT	
DIST	ASE OR COND	UTION DIDE	CTIV											
DISE	LEADING TO		CILI		Spontane	ous In	tracer	ebra	1 Hemor	rhag	e			
(This doe	s not meon the		lng, e.g.,		(A) MMEDIATE O	AS A CONSEC	LIENCE OF							
	lure, osthenia, etc complication whi													
,,	To mphoone in the		,,,	-										
	ANTECEDENT				(8)									
DISEASE	THE ABOVE CA	ONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSE	QUENCE C	F:						
UNDER	LYING CONDIT	ION LAST.	IIII III		(c)									
<u> </u>					(0)						**********			
OTHER S	IGNIFICANT CON	II NDITIONS CO	ONTRIBUT	ING										
	DEATH BUT NOT	RELATED TO	THE TERMI											
	OF OPERATION			EOP V	WHICH OPERATION W	AS PEDEODA	AFD				21 AI	UTOPSY?	(Yes or	No)
8 7	O O CERTIO	200. CO	4DIIIO141	OK,	WINCIP OF ERRIDIN W	AS TERIORI	, LED							,
1 1/												Ye	S	
UNDERLYI	TERNAL CAUSE	ITRIB-		22B.P home,	LACE OF INJURY(e.g., form, foctory, street, office	in or obout e bldg., etc.)	NJURY OC	E DID (if in Boltimore	City, give	exoct locotic	on)		
	CAUSE OF DEA	Ooy) (Yeor	·) (Hour) [22	E.INJURY OCCURRED		22F. HOW	DID IN.	URY OCCUR	?				
OF INJURY		,, ,	, ,	'		WHILE -								
(APPROX.)				m. W	ORK ATV	VORK								
23.				7	Lancasian D. A.		الم الديد	_ A Al	ta basis d	a - Al . 1	Y t	_		
	ertify that I h		nquiry L			topsy X	-	_	nis basis, d			п		
res	sulted from: N	lotural cou	ses X	Ac	cident Suici		omicide L		Undetermine		er 🔛			
	1.00	7.	10				CHIEF ME	DICALE	XAMINER			DAT	E SIGN	FD
ACTU	ATURE LUC	Sur	W	10	М.С	ASS	ISTANT ME	DICALE	XAMINER	X		041	2 31014	
	AINER'S		X	-			OCIATE ME	DICALE	XAMINER T	7		4/	28/6	9
	E (Type)	Wern	er ()	Sp	oite, M.D.	,,,,,								
24A. BURIAL C	REMATION,	248. DATE		240	. NAME of CEMETERY	or CREMAT	ORY	24D.	LOCATION	(City,	town, or cou	unty)	(Stote)
Rur		5/2	160		Tit. Auch	irn C	emeta	77	Ralti	mor	e Ma			
	C'D BY HEALTH	DEPT.	258. N	AME	OF REGISTRAR		FUNERAL	3	OR 7	3 7	ADDRES	S 1V	1	AYP
	APR 30	1969	10	^	1070	M B'LO	orbui	US I	datate	ad 1	200 4		orth	1 V
1			1(3)	1)	TE GALLE	3	3 .	-7 - 6						
VC 161 DEV 1/	2 (4.0		The state of	- 3	7	1 1	4 3	.)	1					

Burial 5/3/69 Mt Auburn Cemetry Baltimore Md

69 1111

BIRTH NO.	MED	DICAL E	XAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	03	44	4/
1. NAME OF DEC	CEASED			2. DATE	Known 🗌	Manth	Doy	Year	Haur	
/T D.:		JOHNSON	OF DEATH	Estimated		27, 196			A .M.	
4. PLACE IN BAI	TIMORE, MARYLAND, V	WHERE PRON	OUNCED DEAD	3. DATE		Month	Day	Yeor	Haur	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT	TION, GIVE STREET	PRONOL	INCED DEAD	April	27, 196	0	6.25	A
OR INSTITUTION	ADDRESS OR LOCA	ATION)		5 TISTIAL DE	ESIDENCE (Wher				6:25	
	. Pratt Stre	ot (DOA)		A. STATE			B. COUNTY	1	1-1	/
6. SEX	7. RACE		NEVER MARRIED	C. CITY OR	Marylan	.a	D. INSIDE CIT	V LIMITS?	1-0	
Male	Negro									
9. DATE OF BIRT		WIDOWED	Inder 1 Yr. If Under 24 Hrs.	11	timore		YE	s 🔼	ио 📙	
3-24-19	lost histhda	oy) Mar	oths Doys Hours Min.							
		68	CITITENIOS		W. Pratt	Street				
	State or foreign country)		CITIZEN OF WHAT COUNTRY?	13. FATHER						
	ex Co., Va		USA		Nelson		on			
dane during mast of	JPATION (Give kind of work working life, even if retired)	14B. KIND OF	BUSINESS OR INDUSTR	15. MOTHER						
					Ella Ma	e Dav	is			
	ED EVER IN U.S. ARME		17. SOCIAL SECURITY NO.	18. INFORM		905	Myrick	DRESS	-	
(res, no di onknown	Mir yes, give war ar adies	di service)	SECORITI NO.	Esthe	er Green		ericksl		Va.	
19. 4	94.		CAUSE OF DEA	TH		1100	OI ZOIGH	AP	PROXIMATE IN	
DISCO	E OD CONDITION DID	CTIV	Arterio	sclero	tic cardi	01729011	lar diso		EEN UNSELA	NU DEATH
DISEAS	SE OR CONDITION DIRE LEADING TO DEATH	CILY			cic cardi	ovasca,	rar dise	236		
(This daes r	nat mean the made of d	ying, e.g.,	(A) IMMEDIATE O	AS A CONSEQ	UENCE OF:					
heort foilure injury ar coi	e, osthenia, etc. It meons th mplicotian which coused de	e diseose,								
					444					
	NTECEDENT CAUSES		(B)	AC A CONSC						
	OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA		DUE 10, OR	AS A CONSEC	QUENCE OF:					
UNDERLYII	NG CONDITION LAST.		(c)							
0			(=/							
OTHER SIGN	NIFICANT CONDITIONS C							- 1		
	ATH BUT NOT RELATED TO R CONDITION GIVEN IN F									
20A. DATE O	F OPERATION 20B. CO	NDITION FOR	WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes	or No)
00									20	
Z 22A. EXTER	NAL CAUSE WAS	22B	PLACE OF INJURY(e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimor	re City, give exac	t locotion)	no	
	G OR CONTRIB	hom	e, form, foctory, street, offic	e bldg., etc.) If	NJURY OCCUR?					
	(Month) (Doy) (Yea	or) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCU	JR?			
OF INJURY (APPROX.)			WHILE AT NOT	WHILE						
23.		m.	WORK L AT V	VORK						
	tify that I held on	Inquiry 🗌	Inspection 🛭 Au	tonsy 🗍	ond that on t	his bosis.	death in my	noinion		
	ted from: Natural car		Accident Suicio							
resul	red from: Notorol cal	Jses 🔼 🖊	Accident Julicia				ned monner L	_		
ACTUAL	1/.	1911	1. 11		CHIEF MEDICAL		H		DATE SIG	NED
SIGNAT	11 /// /	11/	M.D	ASSI:	STANT MEDICAL	EXAMINER	<u> </u>			
EXAMIN		,		ASSO	CIATE MEDICAL	EXAMINER		4/2	7/59	
NAME (blum M.D.	OF CDENATO	DV Jasa	LOCATION	(c:	A. A	10.	-1-1
24A. BURIAL CRE	MATION, 24B. DATE	2	4C. NAME of CEMETERY	or CKEMAIO	24D.	LOCATION	(City, tawn,	ar caunty) (Sto	ire)
4-30-69		1-69 M	It. Calvary	Cem	E	Baltim	ore. Mo	d.		
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAM	E OF REGISTRAR	25C. F	UNERAL DIRECT	OR	A	DDRESS		
A	PR 3 0 1000	00	O.E. 3. 0.	MOMO	ORTON &	DYETT	FUNER	AL HO	ME, I	Balt
VS 151-REV, 1/1/6	8	7	900	0 1	4 7 0					

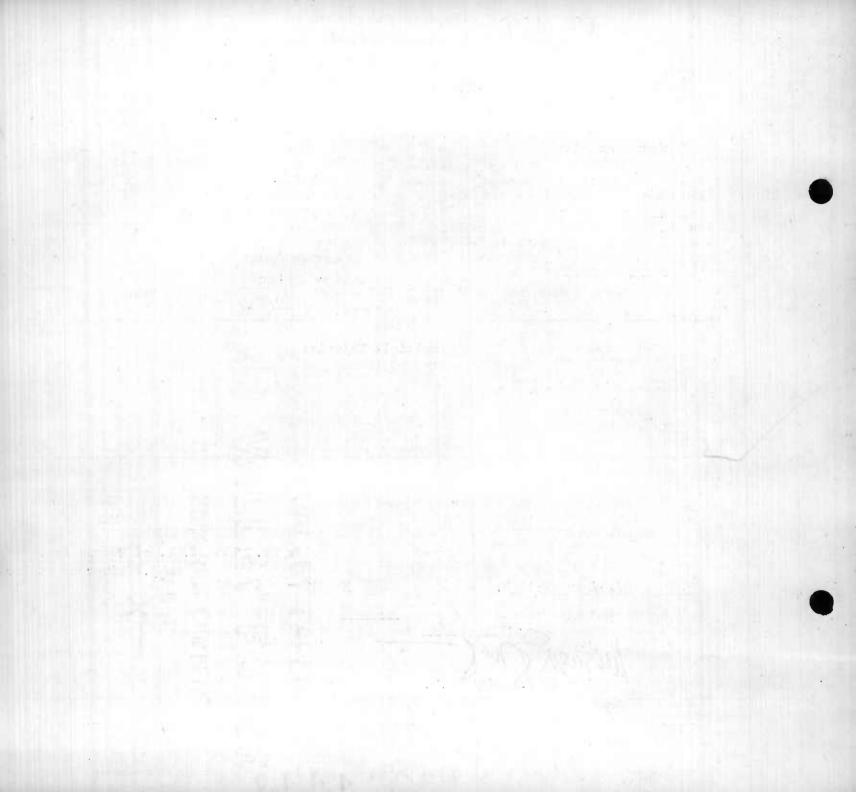


69 AAAQ BALTIMORE CITY HEALTH DEPARTMENT

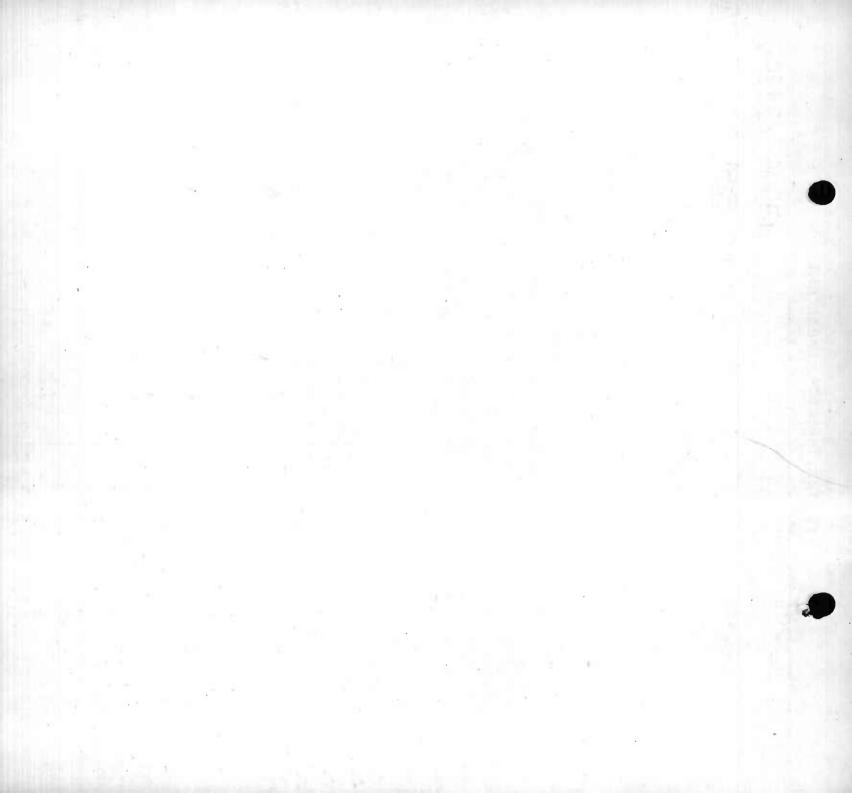
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MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	
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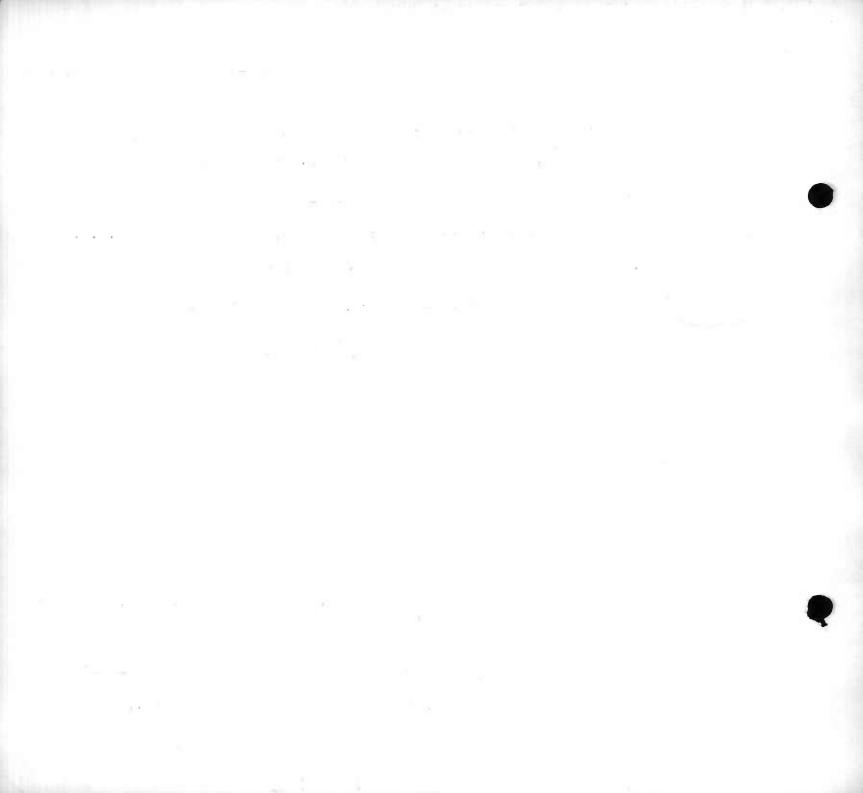
BIRTH NO.									REG. NO.			
1. NAME OF	DECEASED					2. DATE	Known 🔀	Month	Doy	Year	Hour	
DAVID CHINA						OF DEATH	Estimoted []				М.
4. PLACE IN	BALTIMORE, MA	ARYLAND, V	VHERE PI	RONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF	ADDRI	T IN HOSPITA	AL OR INS	TITUTIO	ON, GIVE STREET		UNCED DEAD	Apri		1969	3:40	141.
OR INSTITUTIO	4					5. USUAL R	ESIDENCE (Whe	ere dece osed li	ed. If institution B. COUNTY	residence b	efore odmiss	(00)
Luth	eran Hos	pital				n. sin Ma	ryland		D. COOI411	21	-78	
6. SEX	7. RACE		B. MARE	RIED [NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
male	negr	0	WIDOV	VED [DIVORCED		Baltimore		YE	s X	NO 🗆	
9. DATE OF E	-1952	10. AGE (I lost birthdo			der 1 Yr. if Under 24 Hrs. hs Doys Hours Min.		3532 Luci	.11e Ave	nue	AA	49	6
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF				ITIZEN OF	13. FATHER	'S NAME						
Fucui	ar Spri	nac	N C	W	HAT COUNTRY?	Ode.	ll China	a				
14A.USUAL O	ay Spri	ve kind of work		OF E	U.S.A.							
done during mos	tof working life, ex	en ifretired)										
	ASED EVER IN		FORCE	52	17. SOCIAL	18. INFOR	ce Brid	ge	14	DDRESS		
(Yes, no or unkn	own) (If yes, give	war or dates	ol service	·)	SECURITY NO.		Alice	China	3532		le Ave	
NO.	(6				CAUSE OF DEA		WITCE.	CILLIIC	0000		PROXIMATE INT	
181	0101									BETW	EEN ONSET AN	D DEATH
DIS	EASE OR COND LEADING TO		CTLY		Multipl	e Injur	cies					
(This do	es not mean the		ina. e.a		(A)IMMEDIATE C	AUSE AS A CONSEC	WENCE OF					
heart fo	lure, osthenio, etc	c. It meons the	diseose,		DUE 10, OK)	AS A CONSEG	OENCE OF:					
Injury 0	complication will	icii coused de	o,				-					
	ANTECEDENT	CAUSES			(B)							
DISEAS	THE ABOVE CA	IONS, IF AN	Y, GIVING	,	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
UNDER	LYING CONDIT	ION LAST.	IIINO IIIL		(C)							
<u> </u>		11			(0)		-					
OTHER :	IGNIFICANT CO	NDITIONS C										
E TO THE	DEATH BUT NO								***			
					WHICH OPERATION W	AS PERFORM	MED		12	21. AUTO	PSY? (Yes or	No)
82										Ye	S	
₹ 22A. EX	TERNAL CAUSE	WAS		22B. P	PLACE OF INJURY (e.g., , form, factory, street, offic	in or obout	22C. WHERE DIE	O (If in Boltimo	re City, give exc	-	11	5-03
UNDERLY	ING TOR CON	ITRIB-		home	, form, foctory, street, offic street	e bldg., etc.) I	Baker St	146	ft W	of Tho	mas Av	P .
	E (Month)		r) (Hou	r) 22	E.INJURY OCCURRED	5-)	22F. HOW DID					
OF INJUR	γ			· W	HILE AT - NOT	110100	car - wh		Subj	. arib	er of	store
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	certify that I h	eld on I	nquiry		Inspection Au	topsy X	and that on	this hosis	death in my	oninion		
re	sulted from: 1	Noturol co	nes -	A	Suicion Suicio	->	omicide 🔲		ned monner L			
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	IATURE W	MXIV		<i>/</i>	M.D	ASS!	ISTANT MEDICA	LEXAMINER		,	100100	
	MINER'	Werner	פ טע	Spit	z, M.D.	ASSO	OCIATE MEDICA	L EXAMINER	П	4	/29/69	
24A. BURIAL (S		24B. DATE	- X	24	C. NAME of CEMETERY	or CREMATO	DRY 24	D. LOCATION	(City, town	n, or county) (State	e)
Buri		5-2-	69		Mt. Auburr	1 Ceme	tery	Balti	more,	Ма	rylan	d
25A. DATE RE	C'D BY HEALTH			MAME	OF REGISTRAR		FUNERAL DIREC	CTOR	A	DDRESS		
	ADP of	1000	R	Do	D. E. Farbe	MIDM	ORTON &	DYETT	F.H.	1701	Laure	ns s
		1403				-						



VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

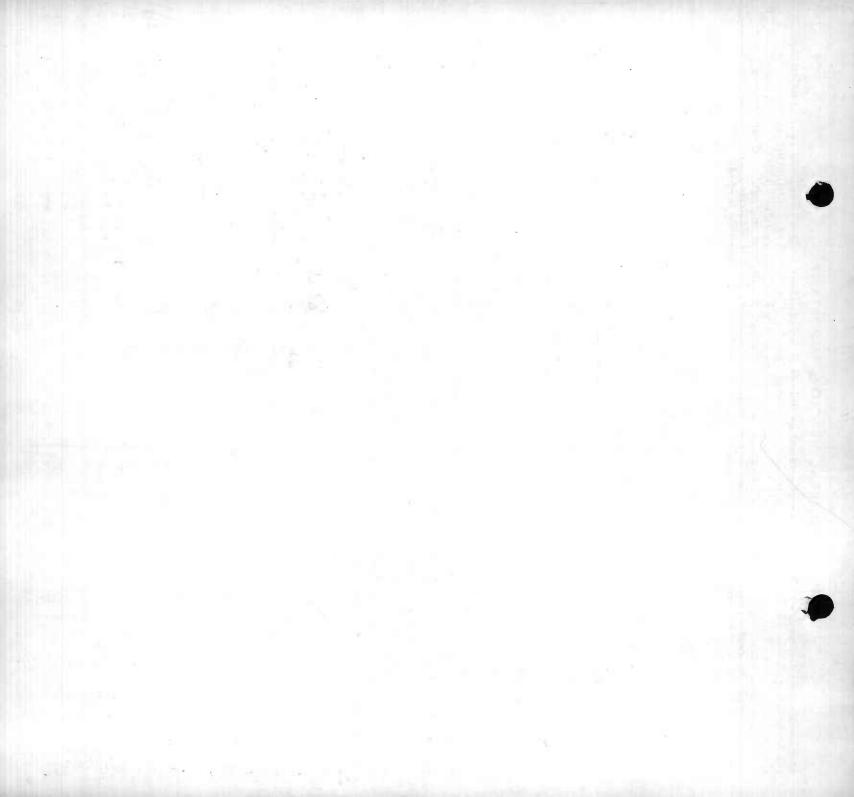


baltimore city health department

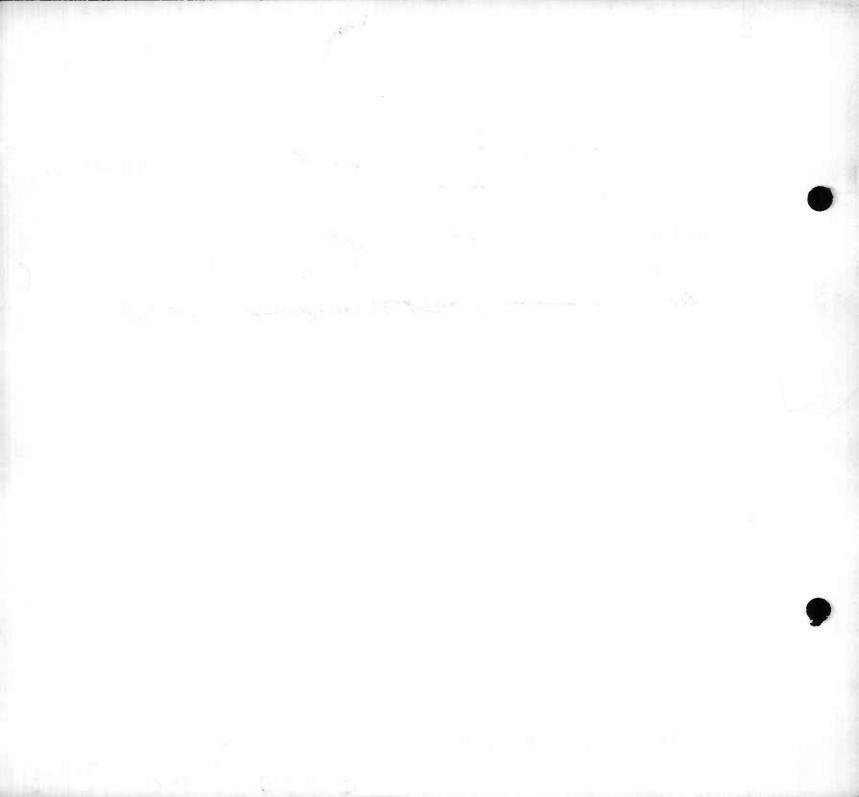
MEDICAL EXAMINER'S C	CERTIFICATE	OF DEATH
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	69 4451						
1. NAME OF DECEASED ((Type or Print) MARTIN DYE (Martin Luther Dye) 2. DATE OF DECEASED (April 26, 1969) Correction of Death Estimated April 26, 1969	Yeor Hour 2:12 P. M.						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL HER TITE (1 OT IN COSPIT SOR INSTITUTION CITY STREET TO PRONOUNCED DEAD April 26, 1969 OR INSTITUTION	M.						
44 UNION MEMORIAL HOSPITAL A. STATE Maryland B. COUNTY	12-04						
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY L Male White WIDOWED DIVORCED Baltimore YES 2 9. DATE OF BIRTH 10. AGE (In years # Under) Yr. If Under 24 Hrs. E. STREET AND NUMBER							
July 30, 1924 44 45 July 30, 1924 14 25 II. BIRTHPLACE (Stote or foreign cauntry) 12. CITIZEN OF 13. FATHER'S NAME							
Greendale, What COUNTRY? Washington Co., Va. 148. USA 148. USA 148. USA 148. USA 148. USA 148. WHAT COUNTRY? What COUNTRY? Is aac N. Dye							
done during mast of working life, even if retired) Clerk Waried Hettie Thompson 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT: brother ADDRI	FSS						
(Yes, no ar unknawn) (if yes, give war ar dates af service) NO O.S.Dye, 3447 Liberty Pkwy., I							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) (C) 210 211 211 OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	BETWEEN ONSET AND DEATH						
	yes						
22A. EXTERNAL CAUSE WAS UNDERLYING TO CAUSE OF INJURY (e.g., in or about NJURY OCCUR? UNING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Yeor) (Haur) 22E.NPLACE OF INJURY OCCUR? 22B. PLACE OF INJURY(e.g., in or about NJURY OCCUR? Back yard Rear of 304 E. North Avenu 22D. TIME (Month) (Day) (Yeor) (Haur) 22E.NPLACE OF INJURY OCCUR? Pack yard Rear of 304 E. North Avenu 22F. How DID INJURY OCCUR? Subject apparently fell Subject found beaten in the subject found beaten in the subject of the subject	off fire escape						
I certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4/27/69							
NAME (Type) Ronald N. Kornblum M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL Apr. 29 1969 OAK LAWN CEMETERY CREMATORY Eastern Av., Bal	to. Co., Md.						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDR STEWART & MOWEN CO.108 Well VS 151-REV. 1/1/68							

Letter from M.E.'s office 5-6-69 M.H.



J'C	69 4453 BALTIMORE CITY HEALTH DEPARTMENT 69 4453	
ased the Such	BIRTH NO. CERTIFICATE OF DEATH REG. NO.	
3 0 5	1. NAME OF DECEASED (Type or Print) Justin 2 Hensel April 20 19691 730 P	
0 9 5	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss & COUNTY	ion
e; (5) ndan o de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MANAGED D. INSIDE CITY LIMITS?	
atte	MERCY HOSPITAL BALLINOR YES NO	_
d p ade	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Ye. If Under 24	
regular regular reased pr	WIDOWED DIVORCED 5-11-93 Ides Distribution Months Days Hours Min	115
as in a dece	10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stofe at foreign country) BAKER 12. CITIZEN OF WHAT COUN SELP LUMANA	TR
disposition	13. FATHER'S NAME	
	Bustav- J. Hensel Emma fichter	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ill yes, give war or dates of service) 217-22-7/734 DAISY HEASEL (SAME)	
ingui io neili	18. APPROXIMATE INTERVA	il A Ti
	LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH LEADING TO DEATH	
	(This does not mean the made at dying, e.g., heart laiture, asthenio, etc. It means the disease, injury ar camplication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	
are embal	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the UNDERLYING CONDITION (ast.	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	WAS PERFORMED TO THE WHICH OPERATION 2014 AUTOPSY? (Yes of No.) 2014. IP TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, foctory, street, affice bldg., INJURY OCCUR? DEATH (natify medical examines) 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, foctory, street, affice bldg., INJURY OCCUR? DEATH (natify medical examines) 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury occur? 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury occur? 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury occur? 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury occur? 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury occur? 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury occur? 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury occur? 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury occur? 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury occur? 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury occur? 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury occur? 21B PLACE OF INJURY (e.g., in or about 21C. WHERE DID injury occur? 21C VICTOR (INJURY occur? 21C VIC	
	21D-TIME (Manth) (Day) (Year) (Haw) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR? While A! Not While At Wark At Wark	
ı	22. I certify that (I) (this hospital) attended the deceased from Ward 19 to Avii 1 19 6	7
	that (i) (we) last saw the deceased alive an	at
	and have and from the causes stated abave. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED	_
	Chang Slace Chiang Allending Med. Stuff & Apr 27 196	1
	23C. PHYSICIAN'S NAME (Type) CHIHNG-SHZZ CHIANGT M.D. DEGREE	
	REMOVAL (Specify) BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY BURIAL CREMATION, (City, town, or county) BURIAL HOLD BALTO, BALTO, BALTO,	_
I	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	_
	S 150-REV. 1/1/68 RD 1969 Robert En Janver Hauft. Chanone 3 3617 charles Ave	,



BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROXIMATE INTERVAL

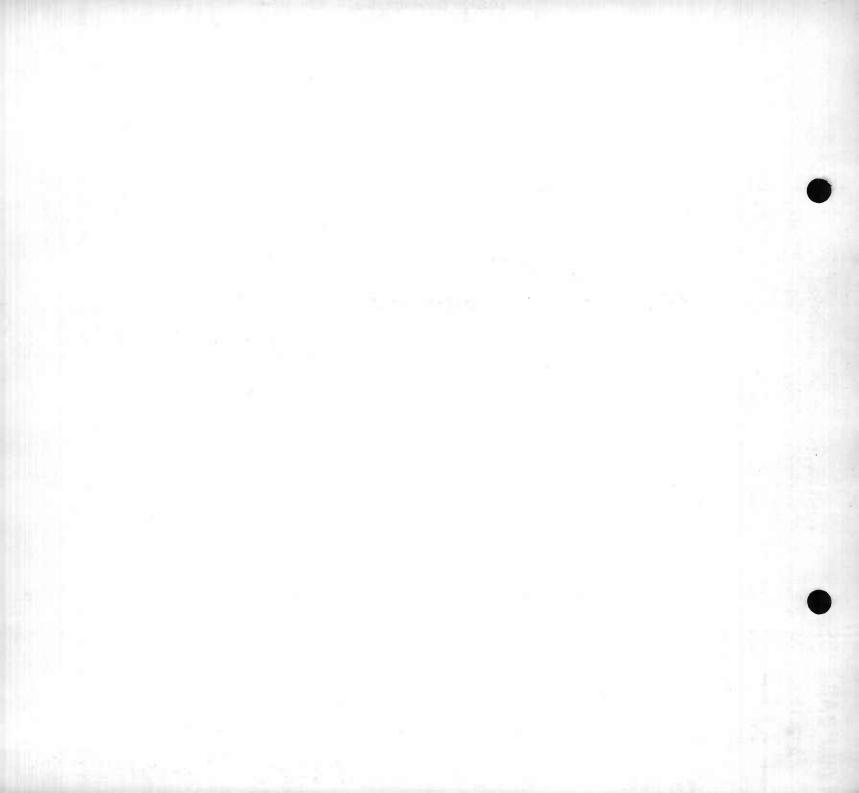
BETWEEN ONSET AND DEATH

19 49

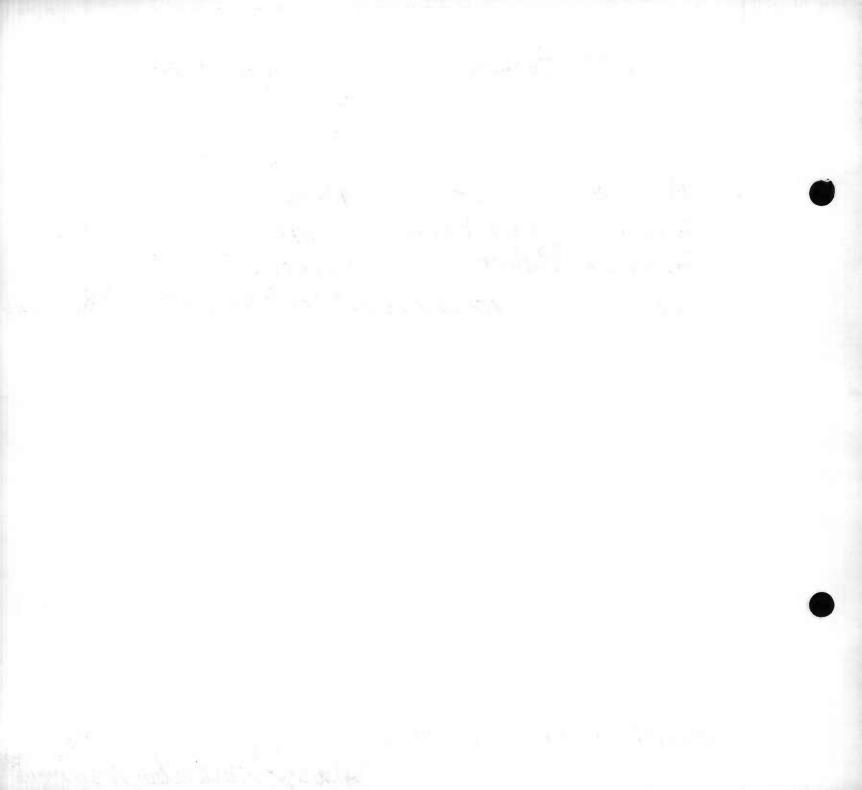
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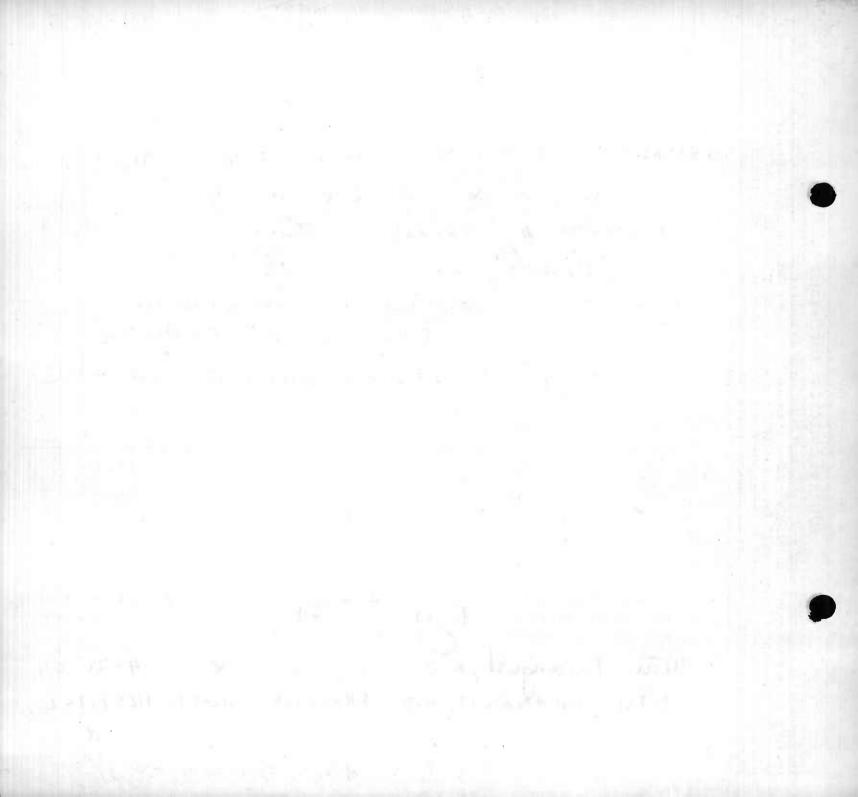
If Under 24 Hrs.

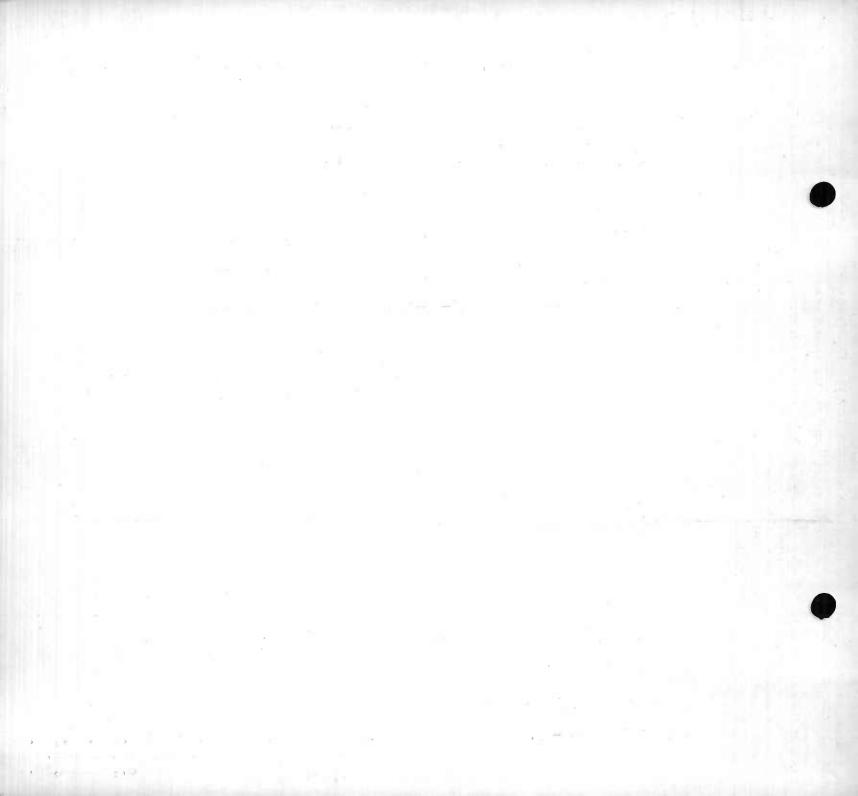


B	-26c	BALTIMORE CITY HEALTH DEPARTMENT
4	4004	BIRTH NO. 69 4455 CERTIFICATE OF DEATH REG. NO. 69 4455
	of death	I.NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	E + 9 0 4	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived It is that it is the state of the state
		A. STATE B. COUNTY (Institution residence before odmission)
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!
	in a lang cause; attend	D. INSIDE CHY LIMITS?
	ing a to in ing in in ing in in in ing in in in in in in in in in in in in in	38 405 PITAL, BALTO, Md. F. STREET AND NUMBER WALKEY Rd.
	F 5 6 6 6	5. SEX 16. PACE 17
	occurre contribut erminec regular eased p	WIDOWED TO DIVORCED TO CHILD (See lost birthday) Months Doys Hours Min.
		10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	ded Unc us itis	13. FATHER'S NAME U.S.A.
E	if y t y t sq si	Absilon Baker Frances Turnhaugh
AN	istant he di kind; death ce on nal di	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 17. INFORMANT SECURITY NO.
ORT,	S = it	No 179-20-9335 W. Orban Baker, English My 21150
PO	his a so, if any nced enda	DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IWP	Also Also noun atte	LEADING TO DEATH PERITONITIS 20 1
~	oro ar bal	hear failure, asthenia, etc. It means the disease, injury at complication which caused death 1
0		ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last. CANGRENOUS LARGE BOWEL 20 1/2 DUE TO, OR AS A CONSEQUENCE OF: Was and an Occlusion (c)
ECT	×an ×an ×h ×h	DISEASES OR CONDITIONS, if any, giving ise to the obave cause (A) stoling the
DIR	lical excal excal excal excal excal excal excal cidan distance dis	UNDERLYING CONDITION last. (c) Wascular Occlusion
4	BE S > E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
RA	y by by chains	CIDISASE OR CONDITION RELIGIO TO THE TERMINAL
FUNER	a od od sich	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED CITONITIS 120A-AUTOPSY? (Yes or No) 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
品	the call by (2) Bere the call by by efore	U 21A. ACCIDENT WAS UNDERLYING 21B PLACE OF INTIDAY (a.m. to or obout 21C WHERE DID
	Y S S X X Y	DEATH (notify medical examiner) atc.)
•	bed hos at (6)	While At Not While
	prov the h ny n and and	22. I certify that (1) (this hospital) attended the deceased from Lynd 25 19 69 to Grad 27 10 69
	E 80 . 6	that (1) (we) last sow the deceased alive on Cyrul 27 19 69 and that In(my) (our) opinion death occurred on the date
		and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	2 0 . 2 2	23A. SIGNATURE 23B. DATE SIGNED
	accinate by the boundary of th	23C. PHYSICIAN'S NAME (Type) Attending Med. Stoff Phys. DEGREE Phys. 23D. ADDRESS Address Attending Med. Stoff Phys. Degree Phys. 23D. ADDRESS
	certificate m sody was rel fs: (1) An acc D.O.A. at a ased prior to	VICENTE P'CARAGINEMEN UNIVERSITY HOSP
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel
	This certification of the body shows: (1) was D.O. deceased written a	Dyrid 4/30/69 Widdletown Cem. Eneeland, Md,
	the b show was dece	APR 3 0 1969 (126 0. Spinson Dept. APR 3 0 1969) (126 0. Spinson Dept. APR 3 0 1969)
		VS 150-REV. 1/1/68



D	200	69 4456 BALTIMORE CITY HEALTH DEPARTMENT
1	T-F 9-F	CERTIFICATE OF DEATH REG. NO. 03 4400
	and eatl ase th th Suc	I. NAME OF DECEASED 1. DATE AND HOUR OF DEATH
	Sign	(Type or Print) CLARENCE PEASE. 1 4-28-69. 19:15 P.M
	F o o c.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission)
	hospituse of (5) De ance death	A. STATE B. COUNTY
	se se (5) an de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND
	ه م	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	US C	BALTIMORE VES NO
	ting d cau r att	FRANKLIN SQUARE HOSPITAL ESTREET AND NUMBER
	P d d	TRANKLIN SQUARE HOSTIAL 1421 W. FAYETTE STREET.
	bo ad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	ntrik rmir egul ased	MIDOWED DIVORCED 6-6-190 lost birthday Months Doys Hours Min.
	00 - 0 -	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
	or c ndet s in dec ition	done during may of working life even if retired) and Adelerish to Rathering Md. U.S.A.
	it d	A Such Hard Co. Bullion 1, 100
	if d 4) U wa the pos	13. FATHER'S NAME
-	- 54) + gs	Charles Pease Mary Lardner
Z	4 + 6 P	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
4	ste lec lec	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
ORI	ssiss th ki do do fin	215-05-0029-A. UTAL RUANGWIT, MD. FRANKLINSQ. HOSE
0	or dad	18. 4 9 2 X 1 CAUSE OF DEATH
A	his denne	DISEASE OF CONDITION DIRECTLY CUNGESTIVE HEART FAILURET ONSET AND DEATH
2	Als Als att	LEADING TO DEATH (A)IMMEDIATE CAUSE
	מורים	This does not meon the mode of dying, e.g., heort loilure, osthenio, etc. It meons the disease,
8	P P P P P P P P P P P P P P P P P P P	heart loilure, ostherio, etc. It means the disease, injury or complication which coused death.) Due to, OR AS A CONSEQUENCE OF: EMPHYS EMPH CUR PULMIUNALE
5	fr fr	ANTECEDENT CAUSES
U	re A Pa	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
A H	3 (S) = 1	use to the obove couse (A) stoling the
<u>=</u>	S S S	(6)
3	dica ica rns, rns, sici sici	Z
4	ed bo hy hy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
~	e a a a	USEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
UNER	hid a bod od the he	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	hy the	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
-	the alby (2) ere o ph efor	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	>= 0 - Z -	
	ed to the	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
-	A C C	While At Work At Work
	y x x bro	22. I certify that (1) (this haspital) attended the deceased from 4-24,- 1969 to 4-28 - 1969
	G + F 0 0	1 30
	~ 0 B E 7	
	st be a used to ent of spital death)	and hour and from the causes stoted obove. (1) (We) (did) (did not) view the body after death.
	eased ident nospit nospit must	23A. SIGNATURE 23B. DATE SIGNED ,
	eleas ccide ccide a hos to d	Was Rugner MID DEGREE Phys. Attending Director D
		23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
	y was r y was r 1) An a b.A. at a d prior	LITAL RUANGWIT, MID FRANKLIN SQUARE HOSPITAL
	# STE	24A. BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETERY of CREMATORY 124D, LOCATION (City town of county) (State)
	# " U A	REMOVAL (Specily)
		Durial \$ /2/67 Areenmount Can. Baltemore
	This certification of the body shows: (1) was D.O. deceased written a	25A. DATE RECO AV HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERALI DIRECTOR
	F = 2 3 D 3	Hope Gowantson Se. Stollers
		VS 150-REV. 1/1/6B

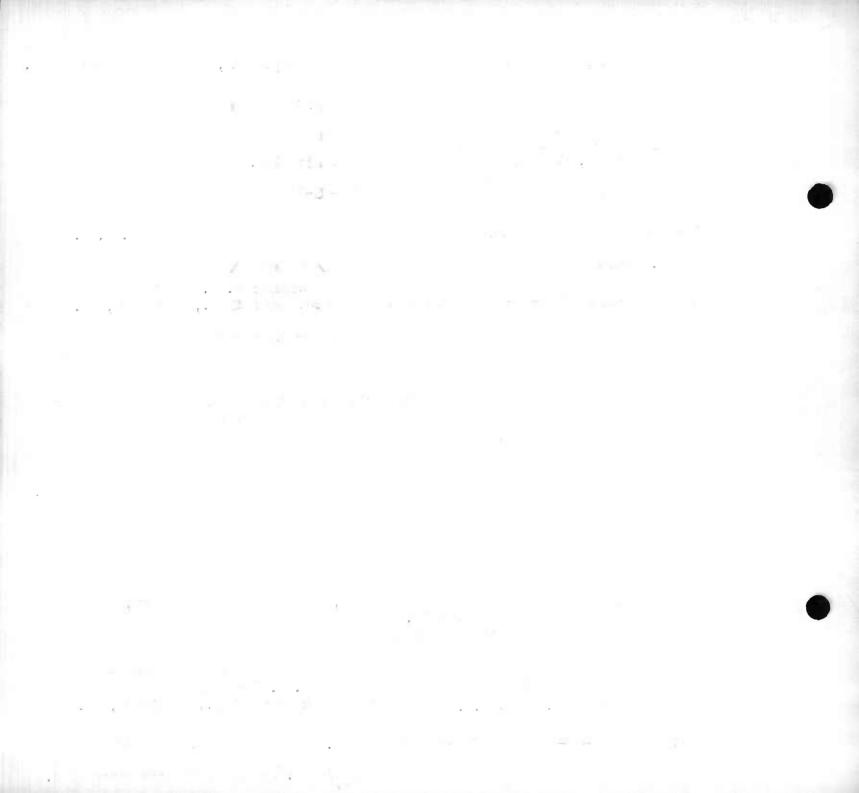




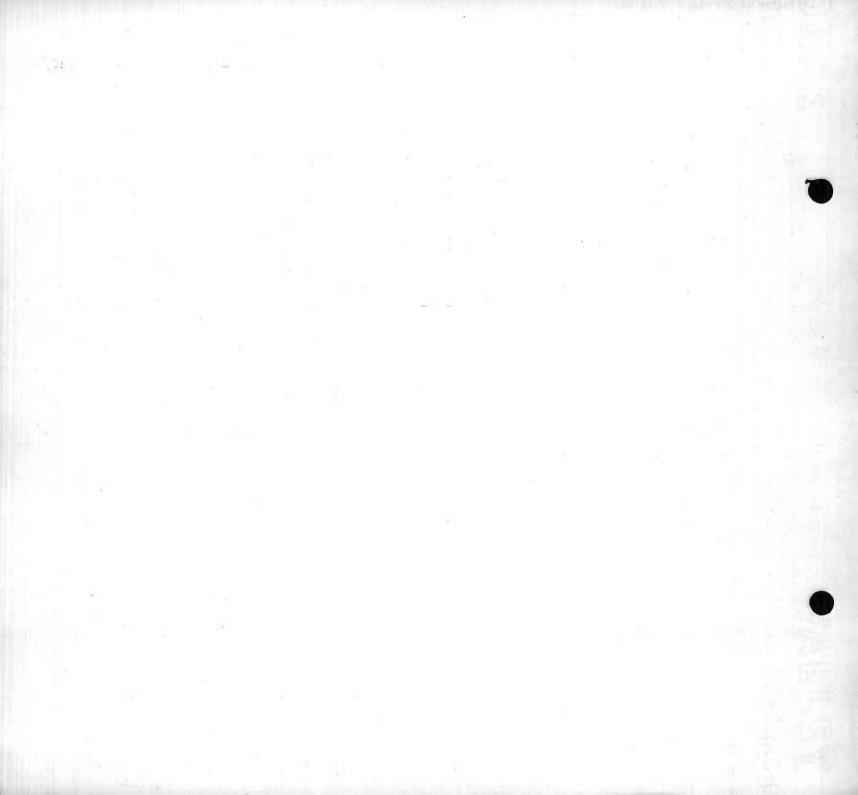
IMPORTANT

FUNERAL DIRECTOR:

	65	1 44	58 BALTIMORE CITY			250 11	6	9 445	58
BIRTH NO.			CERTIFICA	TE OF D	EATH	REG. NO	0		
1. NAME OF DE (Type or Print)	BARNES, EARL	ATLE				ND HOUR OF DE		6:15	A.,
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	B. COU	ero doceased lived	. Il institution:	residence before	odmission)
FULL NAME OF	ADDRESS OR LOCA		UTION, GIVE STREET	Marylan	d Balt	imore	INSIDE CITY	17-4	5
V	eterans Admini			Baltimo	re		YES X		
	900 Loch Raver			E. STREET AND	NUMBER		I I I		
	altimore, Mary			6202 Al					
5. SEX	6. RACE		X NEVER MARRIED	8. DATE OF BIRT		9. AGE (in years lost birthdoy) 63	tf Und Months	er 1 Yr. If Und	er 24 Hrs.
Male	Caucasian	WIDOWED				_			
done during most o	CUPATION (Give kind of work I working life, even if retired)			11. BIRTHPLACE	(State or fore	eign country)	12. CH	TIZEN OF WHAT	COUNTRY
Upholste		Unkno	wn	Maryla			U	. S. A.	
13. FATHER'S NA				14. MOTHER'S A					
John W.						a Moats			
5. Was Decease Yes, no or unknow	d Ever in U. S. Armed Formal (If yes, give wor or date 3-24-43 to	ces? s of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Record	s V. A. H	ospital	ADDRESS	
Yes	3-24-43 to 5	5-18-43	216-01-7887			n Blvd.,		re, Md. 2	1218
18. 4/	231		CAUSE OF DEATH	1				APPROXIMATE I	NTERVAL
DISEA	SE OR CONDITION DI	RECTLY		Artioloscierotic heart					NIND DEATH
(This does	not mean the made of	dvina, e.a.	(A) IMMEDIATE CAU					2 years	
heart failure	heart failure, asthenio, etc. if means the disease, injury or complication which coused death,)								
	ANTECEDENT CAUSES	Phone	tic hear		بالمائمة معام		05		
DISEASES	OR CONDITIONS, If	A CONSEQUENCE	E OF: 2	rtic ste	00010	25 year	8		
rise to the	he obove cause (A)		a.	DI OTC 2061	10272				
_	11								
OTHER SIGNI	FICANT CONDITIONS COL TH BUT NOT RELATED TO TH	NTRIBUTING							
DISEASE OR	F OPERATION 198 CON	I 1 (A).	VHICH OPERATION	1204 41170 800	va (V N	-)) 000 IF Was 11			
OTHER SIGNI TO THE DEA DISEASE OR O 19A. DATE O	WAS PERF	ORMED	VALUE OF EXALION	No	If these or re-	O) 20B, IF YES, W	CAUSES OF	DEATH?	
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examined	or about 21C, Whice bldg., INJURY	HERE DID OCCUR?	(If In Bo	Itimore City, gt	ve exoct location)			
21D.TIME	(Month) (Doy) (Year)	(Hour 21E	INJURY OCCURRED	21 F. HO	W DID IN	URY OCCUR?			
(APPROX)		Whi	le At Not While						
22. I certify	y that NO (this hospital			ril 2		19 69 to A	pr11 28	10	69
) last saw the decease					nat fuxuny) (our)			
	nd from the causes stat			au sha hada -f	Man do-4	militratal (ant)	shinion geo	in occurred on	rne doi:
23A- SIGNAT	URE	an annual Mr	(may (and) (a) (a) (a)	en the pady at	ter death.		23B DA	TE SIGNED	
		1.	Atter	iding Me	ed.	Staff X		23-69	
23C. PHYSICIA	ANS	U	OEGREE Phys			Hospital	4-4	20-07	
NAME (YOUNG E.	CHIM	fun		h Rave	n Blvd.,	Raltimo»	- MA 0	פוכו
AA. BURIAL CRI	EMATION, 248, DATE (Specify)		ME of CEMETERY OF CRE			OCATION	(City, town,		(Stote)
								•	
Burial 25A. DATE REC'I	4-30-69 D BY HEALTH DEPT.	258 NAME O	timore Nations	AL COM.	L DIRECTOR	altimore,	Marylar	ADDRESS	
MA	NY 1 1969	QQ.	Entarlier.			hnson 852	l Look 1		d
/S 150-REV. 1/1/	/68	The state of		Sura rem	mp: 00	عرا الالاقتاب	T DOCK !	Va A Q II D I A	u



Bit	CERTIFICATE	OF DEATH REG. NO. 69 4459
	NAME OF DECEASED pe or Print)	2. DATE AND HOUR OF DEATH
	Mabel Jones	14-29-69 9 305 A
FL	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	USUAL RESIDENCE (Where deceased lived. If institution, residence before admission STATE 8. COUNTY Maryland 24-02
H	ADDRESS OR LOCATIONS	D. INSIDE CITY LIMITS?
9		Baltimore YES NO NO STREET AND NUMBER
E	olton Hill Nurseing & Convalescent Center 5	534 Clement Street
5.		ATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		/12/1898 70
	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, Enduring most of working life, even of retired)	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTR
	Howe will	Maria USA
13.	FATHER'S NAME 14. 1	MOTHER'S MAIDEN NAME
	Wm. 1. 14/134	MAKY B. ILOSEACI.
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. II 17. II 17. II 18. SECURITY NO.	NFORMANT/ ADDRESS
	1 5 07 5020	FAMILE - DAME
-	18. CAUSE OF DEATH	APPROXIMATE INTERVAL
	Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost. (B)	unclub bertderan yers ONSEQUENCE OF: tenselvons genelred years:
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (A).	
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) home, form, foctory, street, office betc.)	obout 21 C. WHERE DID (If in Boltimore City, give exoct location) bidg., INJURY OCCUR?
MEDI	21D.TIME (Month) (Doy) (Year) (Hout) 21E, INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an first grant gra	1969 and that in (my) (our) apinlan death occurred on the do
	ond hour and from the couses stoted obove. (I) (We) (did) (did not) view to 23A. SIGNATURE	the body ofter deoth. 23B. DATE SIGNED
	Attending Phys. 23C. PHYSICIAN'S 123D. A	Med. Director Phys. D
	NAME (Type) ALLAY 4. MAEHT MD DEGREE 2	LE READ ST PORTAL VILOR
	10 0 10 0 0 000	Zeb. LOCATION (City, town, or county) (Stote)
25	MAY 1 1969 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 130 E FOLL CLU.
VS	150-REV. 1/1/68	



69 4460 baltimore city health department

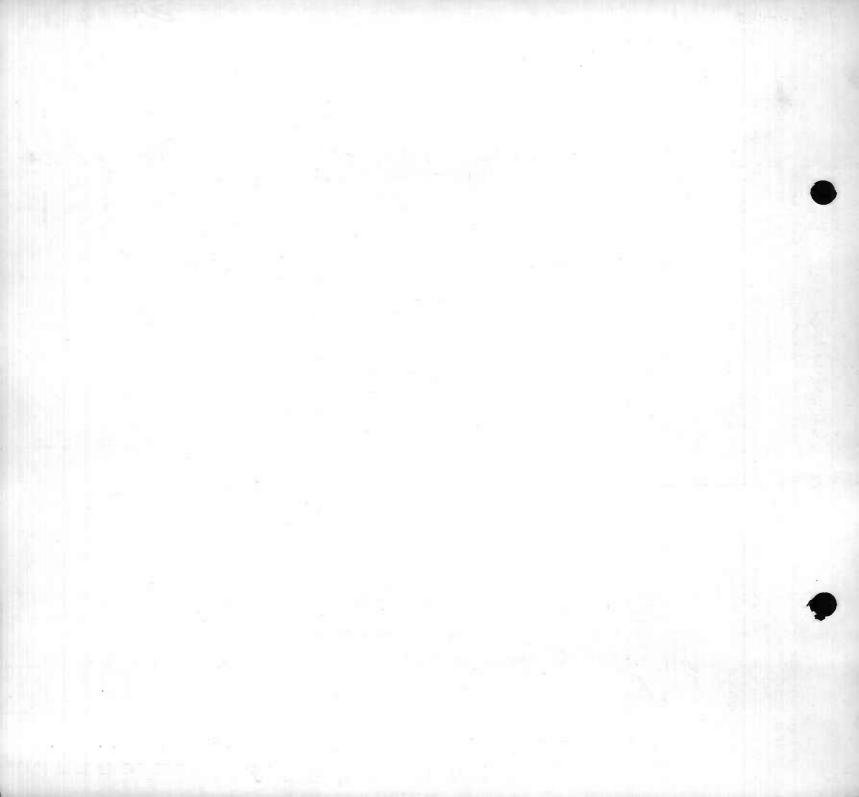
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BIE	RTH NO.		WEL	ICAI	L EX	AMINER'S	LEKTIFI	CATEO	F DEAT	H REG. NO	D		
NAME OF DECEMEN								Knawn 🐰	Month	Doy	Year	Haur	
(Type or Print MARY ANN ASHLEY						2. DATE OF DEATH	Estimoted [207	764	11001	м.	
_	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	and the last	Month	Doy	Yeo	Hour	
HO	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) RINSTITUTION							INCED DEAD	April	28,	1969	2:4	
South Baltimore General						A. STATE	esidence (who		B. COUNTY		15 -	32	
6.	SEX	7. RACE		B. MARI	RIED	NEVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS	5?	-
female white WIDOWED DIVORCED							Ва	1timore			YES X	NO 🗆	
	DATE OF BIRTH		10. AGE (II	v)	If Und Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.		ND NUMBER					
_	March 20	-	KX	12				45 Sidne	y Avenu	е	21.23	30	
11.	BIRTHPLACE(S				WH	TIZEN OF	13. FATHER	s name eph Harr	ison As	hlev			
144	Baltimo	re, Ma	ryLand	148 VINI		S.A.		_					
	e during most of w		en if retired)	AD. KIIAI	OF BU	SINESS OK INDOSIK		verly G.		170			
16.	WAS DECEASE			FORCE	S? 1	7. SOCIAL	18. INFORM		A WILDET		ADDRESS		
	s, no or unknown)					SECURITY NO.		Dolores	Ashlev		Sidney	Ave.	21.230
	19.	42 -				CAUSE OF DEA						APPROXIMATE	
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						es						
THE	DISEASE OR	CONDITION	GIVEN IN P	ART 1 (A)).								
CER	20A. DATE OF	OPERATION	1 208. COI	NOITION	FOR W	HICH OPERATION W	NAS PERFORMED [21.					AUTOPSY? (Yes or No) Yes	
MEDICAL	UNDERLYING UTING CA	USE OF DEA	TRIB- TH.		home, f	ACE OF INJURY(e.g., orm, foctory, street, offic street	e bldg., etc.) II	Annapoli	s Rd. &	Maise!		1) 25	swa1k)
~	OF INJURY	(APPROX.) 4/27/69 1:30 P. m. WHILE AT WORK X (hit and run)											
		ER'S W		1	Acc	Suicio	ASSI	ond that on micide CHIEF MEDICA STANT MEDICA CIATE MEDICA	LEXAMINER			DATE SIG	
24. RE	A. BURIAL CREA MOVAL (Specif Burial	AATION. 2	48. DATE 5/1/6	50	24C.	NAME of CEMETERY Glen Haven			Glan Bu			A. A.	ote)
-		BM 148 - 181 -			1000					riira'		n. n.	00.
25,	A. DATE REC'D	BY HEALTH (JEPT.	258. N	NAME O	F REGISTRAR	25C.	Cully 1		7 Pats	ADDRESS PSCO A	ve. 21	225
_			1	14	-	4-11		P.74					

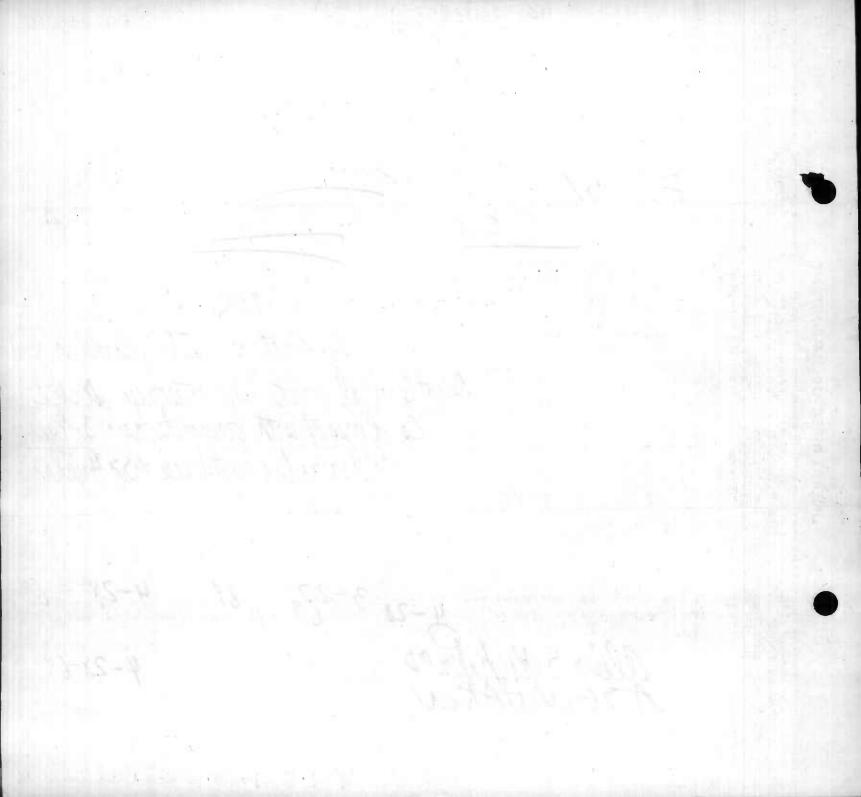
ments 2010 perfebris were toller, un

. W. . steep and the little on most weeks

5201	69 4461 BALTIMORE CITY HEALTH DEPARTMENT 69 4461
7.5704	CERTIFICATE OF DEATH X REG. NO.
at at the the	INAME OF DECEASED 2, DATE AND HOUR OF DEATH
de de S	(Type or Print) THOMAS, FERETTA Y/27/69 173 p.m.
ita F. ec	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before of mission)
Sp O Co O Co O Co O Co O Co O Co O Co O Co	FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION GIVE STREET A. STATE B. COUNTY M. F. M. D. M.
ho (5)	HOSPITAL OR ADDRESS OR LOCATION)
ra car	INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES X NO VES X NO OUT TOWN VES X NO OUT TOWN OUT TOWN VES X NO OUT TOWN
E BRE L	E STORET AND NHARED
D.=_ L./	UNION MEMORIAL HOSP. 537 ST. PATRICK RD 21296
- 30 B B	S. SEX 6. RACE 7. MARDIED NEVED MADDIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Yi. If Under 24 Hrs.
mining Be Se	WIDOWED DIVORCED 9/1/17 lost birthdoy 5/ Months Days Hours Min.
re e e	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de de la la la la la la la la la la la la la	done during most of working life, even if retired) Housewife W. IIR CINIA USA
de La sit	13. FATHER'S NAME
t) the	
	Arthur Smith Cora Friend
pund nd	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT SAME SECURITY NO. 18. SOCIAL SECURITY NO. SECU
コンロット	NO 234-38-7941 HUSBAND DECEASED.
5 7 5 D D L	18. 4 10 91 CAUSE OF DEATH
o, o, nc nc d	DISEASE OF CONDITION DIRECTLY
Als ou	LEADING TO DEATH (A) IMMEDIATE CAUSE MY O CAR DIAL INTARCT 2 hou
ם בים	(This does not meon the mode of dying, e.g., heart foilure, as the disease, DUE TO, OR AS A CONSEQUENCE OF:
ne ne ne ne ne ne ne ne ne ne ne ne ne n	injury or complication which coused death,)
E.T. o Do	ANTECEDENT CAUSES
X D 4 3 L L	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the obove couse (A) stating the UNDERLYING CONDITION lost.
al s; sin	
dic dic www.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
by by	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
dy dy e le ici	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ch Boo th th	NO -
for to photo	OR CONTRIBUTION CONTRIBUTION OCCURS
+0.000	DEATH (notify medical examiner) etc.)
od × (co	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
p of to	While At Work At Work
y n y n y n nd	22. 1 certify that (M (this haspital) ottended the deceosed from april 27 19 69 to april 27 19 69,
dd the	
	that (N (we)) last saw the deceased alive on the date
be ed ed	and haur and fram the causes stated abave. (I) (We) ((did)) (did nat) view the bady after death.
de de de de de de de de de de de de de d	23A. SIGNATURE 23B. DATE/SIGNED
E 0 0 - + 1	Emigue Cifuaus M. Attending Med. Staff Phys. Staff Phys. Staff
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
An An	ENRIQUE CIPRIANI M.D. 33 and Calvert Its
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
od od od s:	
is on we have	Burial 4-30-1969 Gardens of Faith Fullerton Balto. Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
the she was	MAY 1 1968 (Color of Dessann Funeral Home 7401 Belair Road 21236
	VS 150-REV, 1/1/68
	nust be approved by the chief medical examiner or his assistant if death occurred in a hospital cleased to the hospital by a medical examiner. Also, if the direct or contributing cause of de cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decea hospital (except where the physician who pronounced death was in regular attendance on odeath); and (6) No physician was in regular attendance on the deceased prior to death. So I must be obtained before the remains are embalmed or final disposition is made.

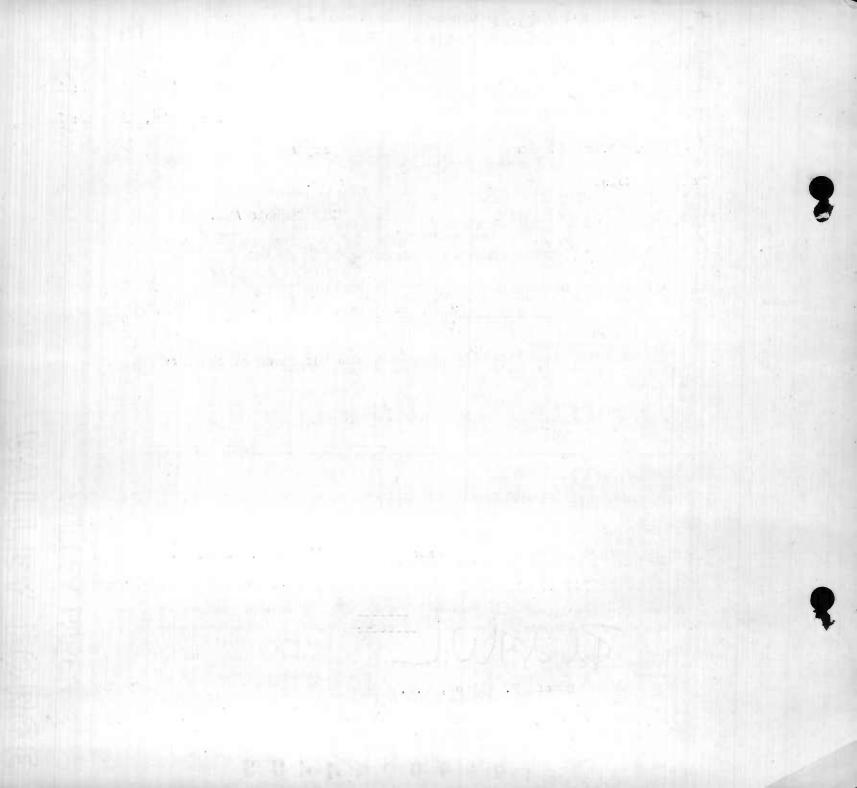


11	2521	69 4462 BALTIMORE CITY HEALTH DEPARTMENT
140	2005 200.	CERTIFICATE OF DEATH
	death death ease n th	NAME OF DECEASED WALLA HAMM 2. DATE AND HOUR OF DEATH (PP of Print) 2. DATE AND HOUR OF DEATH (P) 1914 3 25P
	Dec of	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceded lived, If insulution: residence before admission) A. STATE B. COUNTY
	ause e; (5) I ndance	JUL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
	ting of deaus	Montebello State Hyspital E. STREET AND NUMBER 3976 Cloverhill Road
-	ntribu rmine egula ased	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 1. Months: Doys Hours Min. Months: Doys Hours Min. Min. Months: Doys Hours Min.
	or co ndete in r dece	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	t d	FATHER'S NAME
5	disp	Joseph D. P. Hagen Mary Agnes Hopf Was Deceased Ever in U. S. Armed Forces? 16, SOCIAL 17, INFORMANT ADDRESS
RTA	the d the d kind deat nce o final	No No Stephill Rde 220-36-6885 SISTEMS. 3916 Gloverhill Rde
IMPORTANT	his as lso, if of any unced tenda	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH PAPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTITION OF THE PARTITION OF TH
	ner or ler. A cture prono lar at nbalm	(This does not meon the mode of dying, e.g., heoft foilure, osthenio, etc., It meons the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: Political Cause of Consequence of
DIRECTOR:	xamin xamin) A fro who regu	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the
DIR	lical cal e cal e ns; (3 ician as in ains	UNDERLYING CONDITION IOSI. (C). CA A UNITY WILLIAM OF THE STATE OF THE
ERAL	medi medi y buri phys ian w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION [198. CONDITION FOR WHICH OPERATION [20A. AUTOPSY? (Yes or No)] 208. IF YES, WERE FINDINGS CONSIDERED
S	by a by a () Bod e the hysic	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A, ACCIDENT WAS UNDERLYING
	by the price of th	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
N-	byed by hosp	(APPROX.) While At Not While Work Not While At Work At Work 2 2 7 14 4-28 14
	appropriate the the off any off any all (ex h); are be ob	22. I certify that (I) (this hospital) attended the deceased from 19 10 1 19 10 1 19 10 10 19 10
	st be a used to ent of spital death)	ond haur and fram the causes stoted obave. (1) (Wey (did) (did not) view the body after death. 23A. SIGNATURE/1 1 / (1) 23B. DATE SIGNED
	mustreleas iccide a hos to d	Attending Med. Director Phys. 4-28-69
	y was r y was r 1) An a).A. at d prior	23C. PHYSICIANS NAME (1744) DEGREE A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	F 5 0 0 c	REMOVAL (Specify)
	This certif the body shows: (1) was D.O deceased written a	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR MAY 1 1969 Part of Registrar 25C. FUNERAL DIRECTOR
		150-REV. 1/1/6B



P-520

		69	4463	BALTIMORE CITY HE					00	1100
		MEI	DICAL E	EXAMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO	69	4463
	NAME OF DEC	PEASED			2. DATE	Known X	84	Davi	Yeor	Tu-
(Ту	pe or Print)	FRENCE		OF	Estimoted	Month	Doy		Hour	
4		THOMAS TIMORE, MARYLAND,	DUNGEE	3. DATE	ranmoted [Month	29 Doy	69 Yeor	7:42 p M.	
FU	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU		INCED DEAD					
	SPITAL PINSTITUTION	ADDRESS OR LOC	AIION)	5. USUAL RI	SIDENCE (Where	Apri		1969	pefore admission)	
U	37				A. STATE			. COUNTY	5-	11
6.	SEX	rovident Hos		NEVER MARRIED	C. CITY OR	aryland		D. INSIDE CIT	Y LIMITS?	•
	Male	Colored	WIDOWED	Under 1 Yr, If Under 24 Hrs.	Bal	ND NUMBER		YE	s 🗀	ио Ц
1	1112 21	LIGACI lost birthd	oy) Mo	nths Doys Hours Min.						
11	DIDTUDI ACE	state or foreign country)		CITIZEN OF	32 13. FATHER	10 Sequoi	a Ave.	V		
13	Bart	indie of lovely country	1 12.	WHAT COUNTRY?	5/	S IVAME	- H-	X II we		
12	Jallen OCCH	www. 1110	ITAR KIND O	F BUSINESS OR INDUSTR	MOTHER NOTHER	MUD (DI)	eny x	ungi		
		vorking life, even if retired		BOSHAESS OK HADOSIK	IS. MOINE	A Da	11 000			
17	WAS DESEAS	ED EVER IN U.S. ARME	D FORGECO	117 COCIAL	1000	ula se	week			
(Y e	syno or unknown	(If yes, give wor or date:	of service)	SECURITY NO	18. INFORM	Glade J	100.00 00	3 a 4	DRESS	- 1
-	me			216-20-7060	1111.	madep w	myee	3210.	Degn	ou wie
	9	55 X		CAUSE OF DEA	TH	-	0			PROXIMATE INTERVAL EEN ONSET AND DEATH
		E OR CONDITION DIR	ECTLY							
		LEADING TO DEATH of meon the mode of d		(A)IMMEDIATE	AUSEGuns	hot wound	of the	head		
H	heort foilure	, osthenio, etc. It meons th	e disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:				
	injury or con	nplication which coused de	eom.)							
		NTECEDENT CAUSES		(B)						
Г	RISE TO THE	OR CONDITIONS, IF AN	IY, GIVING ATING THE	DUE TO, OR	AS A CONSEC	QUENCE OF:				
z	LINDERIVIN	NG CONDITION LÁST.		(c)						
ATION		11								
V	OTHER SIGN	IFICANT CONDITIONS CATH BUT NOT RELATED TO								
CERTIFIC	DISEASE OR	CONDITION GIVEN IN	PART 1 (A).							
3	20A. DATE OF	OPERATION 208. CC	NDITION FO	R WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
2									Y	ES
15		NAL CAUSE WAS	22E	PLACE OF INJURY (e.g., ne, form, foctory, street, office	in or obout 2	2C. WHERE DID	(If in Boltimore	City, give exoc	t locotion)	12/
	UTING CA	USE OF DEATH.		Garage		2200 blk	. Orem	Ave.	1	
Σ	OF INJURY	(Month) (Doy) (Ye	or) (Hour)	22E.INJURY OCCURRED		2F. HOW DID IN	JURY OCCU	R?		
	(APPROX.)	4 29 6	9 ? m.	WHILE AT NOT	WHILE ORK	Self i	nflicte	ed bulle	t wou	nd
	23.				(TPky					
	I cert	ify that I held on	- 6	InspectionAL			his basis, a	eoth in my	pinian	
	resul	ted from: Natural co	uses 📙	Accident Suici	Ho XXX Ho	micide 🔲	Undetermin	ed monner L		
Н	CHIEF MEDICAL EXAMINER DATE SIGNED									
1	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X M.D.									
Н	EXAMIN				ASSO	CIATE MEDICAL	EXAMINER			
-	NAME (1			Vilson, M.D.	COLLARO	any loss	LOCATION		1/29/6	
	A. BURIAL CRE		16	24C. NAME of CEMETERY	or CREMATO	24D.	LOCATION	(City, town,	or county	(Stole)
	Durea	l 2-x-	67	Hallimne 1)	MINE	emely 35	101 Just	exilur.	Delle	11/124
25	A. DATE REC'D	BY HEALTH DEPT.	25B. NAN	E OF REGISTRAR	25C. F	UNERAL DIRECT	98)	AI	DRESS	- 1 :
	100.00	Y 1 1989	10-200	E. Salver M	D. Ja	sipht.	Luss	2222	2/W.7	routure
L	151-REV. 1/1/68	1000	9	6 9 0	1	4 5	1			
4.3	101-KE 4. 1/1/00	11.5.2	1.1							



	CO 4.40 A BALTIMORE	RE CITY HEALTH DEPARTMENT						
		FICATE OF DEATH REG. NO. 69 4464						
	BIRTH NO. NAME OF DECEASED							
C	THEODORE Buster Harris	2. DATE AND HOUR OF DEATH						
1	PACE IN ANYMORE MARKET MATTER	Rpril 29, 1969 11:35 PM						
1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A, STATE B, COUNTY						
!	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	et MARYLAND 14-03						
. Ji	HOSPITAL OR ADDRESS OR LOCATION!	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
1	The Johns Hopkins Hospital							
15	Baltimore, Maryland, 21205	E. STREET AND NUMBER						
		1812 Mc Cullough ST. 21217						
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED							
1	M NI WIDOWED DIVORCE	lest birthday) Months Doys Hours Min.						
10	DA. USUAL OCCUPATION Give kind of work 10 B. KIND OF BUSINESS OR INDI	1-26-19 40						
d	one during most of working life, even if retired)	12 CHILLIA OF WHA! COUNTRY						
177	STATE STATE AID	WINNS BURG S.C. U.S						
1,	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	CHARRES HARRES	Frank Manna						
15	CHARLES HARRIS 5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
11"	SECURITY NO.	0 2135						
11-		mo Lauren deen plusation s'in						
Ш	18, 492 X I CAUSE OF I	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
Ш	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	9						
Į.	(A)IMMEDIAT	ME CAUSE Cardio-respiratory arrest 10 minutes						
	heart failure, asthenia, etc. It means the disease							
1	injury or complication which coused death.)							
11	ANTECEDENT CAUSES Bull	lous emphysema and Paeumonia 12 days						
1	DISEASES OR CONDITIONS, if any, giving DUE TO, of	OR AS A CONSEQUENCE OF:						
1	nise to the above cause (A) stating the UNDERLYING CONDITION last.	onic obstructive pulmonary disease 5 years						
ш	11							
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
Ĕ	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
CERTIFICATION	19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A AUTOPSYT (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
	3 4/20/69 WAS PERFORMED HypoventilationTrache	IN CERTIFYING CALLSES OF DEATHS						
Ü		Conc. in or about 21C. WHERE DID.						
4	DEATH (notify medical exempted)	eet office bidg., INJURY OCCUR?						
EDIC		XXXX						
N N								
	(APPROX) XXXX White At XXXNot Work	Work XXXX						
	22. I certify that (1) HINCHOSPHOT attended the deceased from.	4/17/ 1969 to 4/29/ 19 69						
	that (1) (vert) last sow the deceased alive on 4/29/	19 69 and that in(my) (65%) opinion death occurred on the dote						
li .	and haur and from the couses stated obove (1) WEK(did) (HKK	XXV to the dole						
1	23A- SIGNATURE							
-		Attending Med. Shiff F2 4/20/60						
-	Jeorge N. Seck, Je, Mil DEGREE	Phys. Director Phys.						
	NAME (Type)	23D. ADDRESS						
	NAME (Type) George H. Sack, Jr., M.D.	601. N. Broadway, Baltimore, Md., 21205						
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)	OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)						
25	A. DATE REC'PAR HEALTH DEEL 258 NAME OF REGISTRAR							
	MAY 1 1969 While I GA SERVE	2222						
		1 1 Month of Refers w north a						

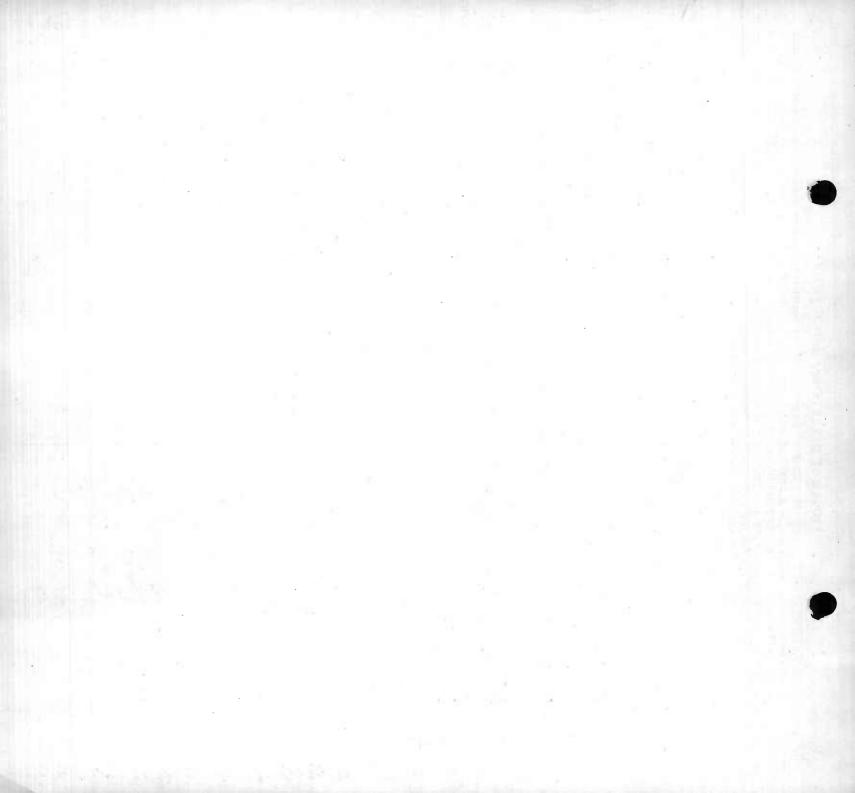
V 1970 11 N, 1 1 1 2 4

IMPORTANT

DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



	69 4466		HEALTH DEPARTMENT	250 110	69 4466		
- 11	RTH NO. WALTER DAVIS	CERTIFICA	TE OF DEATH	REG. NO	(70 110		
	ype or Pant)	1500	2, DATE A	ND HOUR OF DEATH	e 319 A		
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Wh.	ere deceased lived II ins	M. stitution: residence before admission?		
H	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		Maryland		10-01		
			C.CITY OR TOWN Baltimore	D. INSI	YES X NO		
3	The Johns Hopkins Hospital		E. STREET AND NUMBER	77	TES ZA NO		
5,		703 E. Bid					
	Male Negro WIDOWED	NEVER MARRIED DIVORCED	12/11/96	9. AGE (In years lost birthdoy) 72	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10 do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF I	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?		
12	FATHER'S NAME		Vicina		USA		
1	De la Pel		14. MOTHER'S MAIDEN NA	ME			
15.	Wed Doceosed Ever in U. S. Armed Forces? s _a ns or unknown) (II yes, give wor or dotes of service)	6. SOCIAL	17. INFORMANT	Rivis	ADDRESS		
-	yes, give wor or dotes of service)	SECURITY NO.	may 1	Done!	7007123		
	18.412,21	CAUSE OF DEATH	1 may h	JUFG	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANNUAL PLANTAGE CHF						
	(This does not mean the mode of dying, e.g., heart foilure, astherio, etc. it means the disease,						
1	injury at complication which coused death.)						
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)						
	(4)						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
0	19A-DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 120A AUXORGANIA AUX						
CERTIF	2	ACE OF INTIDATE A	YES		NO		
1	OR CONTRIBITING CAUSE OF						
LEDIC	C 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
Z	(APPROX.) While Work	At Work					
	22. I certify that (1) (this hospital) attended the deceased from 4 4/6 1967 to 4/25 1967						
	that (i) (we) last sow the deceased alive on 4/25/69 19 ond that in(my) (our) epinion deoth occurred on the date						
	and have and from the couses stoted above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE						
	Co. O. HANK h. M. D. proper Phys. Med. Staff Justine 4/25/169						
	23C. PHYSICIAN'S NAME (Typo) 23D. ADDRESS						
24/	ROLLIAR J. HAME.	BALtimoris, Md.					
	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)						
15	25A. DATE REC'D BY HEALTH DEPTS: 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS						
	150-BEV. 1/1/68	10000	May Outel	0~1000 B	seently be		



VS 1S1-REV. 1/1/68

-	~1	69 4467. BALTIMORE CITY HEALTH DEPARTMENT	0 4400					
7	250	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.						
		BIRTH NO. 1. NAME OF DECEASED (Type or Print) ALICE JONES 2. DATE Month Doy Yeo OF DEATH Estimated April 27, 1969	6:37 A					
	411	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION UNION MEMORIAL HOSPITAL (DOA) 3. DATE Month Doy Yeo PRONOUNCED DEAD April 27, 1969 5. USUAL RESIDENCE (Where deceased lived. If institution: residen A. STATE Many 1 and B. COUNTY	6:37 A.A					
•	99	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMIT Female Negro WIDOWED DIVORCED Baltimore YES 9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER 10. AGE (In yeors If Under 1 Yr. If Under 1 Yr	5-01 NO [
		M. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? WHAT COUNTRY? WHAT COUNTRY! MALUSUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME COUNTRY 15. MOTHER'S MAIDEN NAME WHAT COUNTRY 15. MOTHER'S MAIDEN NAME WHA						
		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or doles of service) 17. SOCIAL SECURITY NO. 18. INFORMANT Milchell Starks	me					
		CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenlo, etc. It meons the disease, injury or complication which coused death.) CAUSE OF DEATH Arterioscleratic cardiovascular disease (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL ETWEEN ONSET AND DEA!					
		ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BIJE NOT RELATED TO THE TERMINAL						
		DISEASE OR CONDITION GIVEN IN PART 1 (A).	ITODOWA (Veren No.)					
		Z22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)	no					
		UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT WORK 22F. HOW DID INJURY OCCUR?						
•		I certify that I held on Inquiry Inspection X Autopsy ond that an this basis, death in my apinion resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER 4/27/69						
		NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 4-30 69 Mt Cahay Cat A- A Coun	ty RS					
		25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	11-1					

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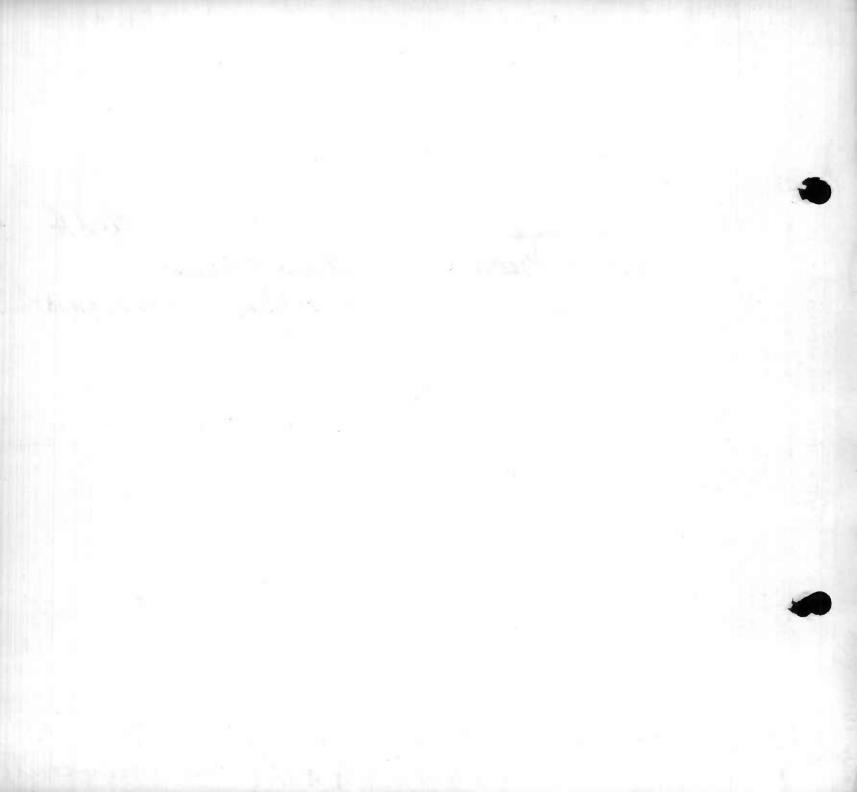
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIF	RIHNO.	CERTIFICATE OF DEATH REG. NO.					
1.	NAME OF DECEASED	2. DATE Knawn Manth Day Year Haur					
(141)	pe or Print) SUSIE JONES	OF Estimated April 26, 1969 2:35 P.					
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour					
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD April 26, 1969 2:35 P.					
	INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
1	925 Somerset Street	A. STATE Maryland B. COUNTY / 7					
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
F	emale Negro	Baltimore					
9	DATE OF BIRTH 10.AGE (In years Under 1 Yr, If Under 24 H	YES L. NO L.					
(last birthday)67 Months, Days, Haurs, M						
12	BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME					
	A - 1 A WHAT COUNTRY?	12.00					
1	Dallinge Mid MAA	TRY 15. MOTHER'S MAIDEN NAME					
dan	A.USUAL OCCUPATION (Give kind at work) 148. KIND OF BUSINESS OR INDUS the during maps 15t warking life, even if retired)	TRY 15. MOTHER'S MAIDEN NAME					
_	Housoffe	Fourse Wight					
16. (Ye	WAS DÉCEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. THEORMANT ADDRESS					
	no	Ifela Porle Sume					
	19. CAUSE OF D	BEATH BETWEEN ONSET AND DEAT					
	DISEASE OR CONDITION DIRECTLY Arter	iosclerotic cardiovascular disease					
	LEADING TO DEATH						
	(A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF:						
	RISE TO THE ABOVE CAUSE (A) STATING THE						
Z	UNDERLYING CONDITION LAST. (C)						
CERTIFICATION							
<u>√</u>	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Diabetes Mellitus						
T.	DISEASE OR CONDITION GIVEN IN PART 1 (A).						
18	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes ar Na)					
		no					
N O	hame, form, foctory, street, office bldg., etc.) INJURY OCCUR?						
MEDI	UTING CAUSE OF DEATH.						
Σ	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?						
	(APPROX.) m. WHILE AT NOT WHILE AT WORK						
	23.						
	I certify that I held an Inquiry Inspection Autapsy and that on this basis, death in my apinion						
	resulted fram: Natural causes 🗵 Accident 🗌 Suicide 🔲 Hamicide 🔲 Undetermined manner 🗌						
	CHIEF MEDICAL EXAMINER DATE						
	SIGNATURE CHARLES MICHAEL M.D. ASSISTANT MEDICAL EXAMINER X						
	NAME (Type) Ronald N. Kornblum M.D.						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Sydie)							
Bund 5-1-69 Careller Lancel Mex							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR / ADDRESS							
	A Det & Faller Miller In In March						
	MAY 1 1000 NIECE C, 1200	Lengenesso 1000 newly he					
VS	151 REV. 1/1/68						

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VS 150-REV, 1/1/6B



VS 151-REV. 1/1/6B

69 44/U BALTIMORE CITY HI		
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	69 4470
1. NAME OF DECEASED	2. DATE Known X Month Doy	Yeor Hour
(Type or Print)	OF Farmer D	
SYLVESTER WHITE 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD April 27,	1969 12:30 R.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution	: residence before odmission)
ZAANAXEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	A. STATE Maryland B. COUNTY	28-41
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
male negro WIDOWED DIVORCED	Baltimore v	ES NO
9. DATE OF BIRTH [10. AGE (In years If Under 1 Yr. If Under 24 Hrs	E. STREET AND NUMBER	.5 HO L
Sent 171912 56 Months, Doys, Hours, Min.	4404 Fernhill Avenue	
11. BIRCHPLACE (State of foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Cirole mel WHAT COUNTER?	Poland Ilhilos	
14A. USUAL OCCUPATION (Give kind of york 14B. KIND OF BUSINESS OR INDUSTR	RY 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if refiled)	Fillian Venil	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	DDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Kallegne Kenel	11-112
19. CAUSE OF DE	ATH MACHENIA POLICE	APPROXIMATE INTERVAL
14/2 1	AIII	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	osclerotic Cardiovascular Dise	ase
LEADING TO DEATH (A)IMMEDIATE	CAUSE	
near rollure, osinenio, etc. il meons me disease,	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
injury or complication which coused death.) Emphyse	ema	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION VI		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED	21. AUTOPSY? (Yes or No)
Ö		No
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	., in or about 22C. WHERE DID (If in Boltimore City, give exc	
	ice bldg., etc.) INJURY OCCUR?	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX)	WORK	
23.	WOM I	
I certify that I held an Inquiry Inspection X A	utapsy 🗌 and that an this basis, death In my	aplnian
resulted fram: Natural causes X Accident Suici	ide Hamicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL ////////////////////////////////////	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.	D.	4/28/69
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	1/20/07
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETER)	Y ar CREMATORY 24D. LOCATION (City, tow	n, or cover) (Stote)
REMOVAL (Specify)	Pal 9 A	Me (
Luna 3-269 Cheore	they lessere	sejeore/her
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	FUNERAL DIRECTOR	DDK522

Fellow Rule Chillen Rud Land - Ed 1970 thenes 5-3-19 Diedle Confe Contra Spine 69 4471 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 69 4471

BII	RTH NO.											
1.	NAME OF DEC	EASED				2. DATE	Known 🗌	Month	Day	Yeor	Hour	
(Ту	pe or Print)		R.		EDWARDS	OF	Estimoted 5	_				
	EUGENE		DVI AND W	HERE DRO	NOUNCED DEAD	3. DATE	raillioted P		-		111	М.
H							UNCED DEAD	Month	Doy	Yeor	Hour	
linc	ILL NAME OF	(IF NO	SS OR LOCAT	LOK INSTIT	UTION, GIVE STREET	I KONO	ONCED DEAD	April	28,	1969	10:1	5 R.
OR	NOITUTION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			RESIDENCE (Wh	ere deceosed live	ed. If instituti	ion: residence	before odmis	ion)
1	Dinni	77	o 1			A. STATE Mar	··land	В	COUNTY	1	6 19)
1	Sinai										2-16	
6.	SEX	7. RACE		B. MARRIE	D NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE	CITY LIMITS	?	
	male	ne	gro	WIDOWE	D DIVORCED	□∥ Ba	ltimore	3 34		YES X	NO 🗌	
9.	DATE OF BIRTH		10. AGE (In		f Under 1 Yr. If Under 24 H	rs. E. STREET	AND NUMBER			123	110	
	7 0	1027	lost birthdoy) N	onths Doys Hours M	in.						
L	JAN Y,	1721	32				05 Park 1	Heights A	Ave. (second	floor)	
11.	BIRTHPLACE (S	tote or foreig	n country)	2 112	CITIZEN OF	13. FATHER	'S NAME?		/	1		
	1201	tim	MIL /	mr/	WHAT COUNTRY?	1/1	andois	70	11500	WXX	,	
144	A.USUAL OCCU			4B. KIND C	OF BUSINESS OR INDUS	TRY 15. MOTHE	R'S MAIDEN N	IA MF	0000	7/4		
dor	ne during most of w	orking life, ev	en ifretired)					TAME.				
16.	. WAS DECEASE es, no or unknown)	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT	11	1	ADDRESS		
110	ss, no or unknowny	(II yes, give v	DA doies o	or service)	SECORIT NO.	(11111	1/1/11	cula	1	our	2
-	119		-0		CAUSE OF D	EATH	The same of	Coord	na	200	APPROXIMATE IN	TERVAL
	39	XI					/			BET	WEEN ONSET AL	ND DEATH
	DISEASI	E OR COND	ITION DIREC	TLY	Rheu	matic He	art Disea	ase				
		LEADING TO	DEATH		(A) IMMEDIA	TE CALISE						
			mode of dyi			OR AS A CONSEC	QUENCE OF:					
	heort foilure,		It meons the									
				th.)								
		pheonon win	in coused deo	th.)								
		NTECEDENT		th.)	(R)							
	DISEASES O	NTECEDENT OR CONDITIE	CAUSES ONS, IF ANY,	GIVING	(B)	DR AS A CONSE	QUENCE OF:	20 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	DISEASES O	NTECEDENT OR CONDITION ABOVE CAL	CAUSES DNS, IF ANY, USE (A) STAT	GIVING	(B)	DR AS A CONSE	QUENCE OF:					
Z	DISEASES O	NTECEDENT OR CONDITIE	CAUSES DNS, IF ANY, USE (A) STAT	GIVING	(B)(C)	DR AS A CONSE	QUENCE OF:					
TION	DISEASES O	NTECEDENT OR CONDITION ABOVE CAL	CAUSES DNS, IF ANY, USE (A) STAT	GIVING	DUE TO,	DR AS A CONSE	QUENCE OF:					
CATION	DISEASES O	NTECEDENT OR CONDITION ABOVE CAN IG CONDITION	CAUSES ONS, IF ANY, USE (A) STAT ON LAST. II	GIVING ING THE	(C)	DR AS A CONSE	QUENCE OF:					
FICATION	DISEASES O	NTECEDENT OR CONDITION ABOVE CAN GOODITION IFICANT CON TH BUT NOT	CAUSES ONS, IF ANY, USE (A) STAT ON LAST. II IDITIONS CO	GIVING ING THE ONTRIBUTIN	(C)	DR AS A CONSE	QUENCE OF:					
RTIFICATION	DISEASES O	OR CONDITION IFICANT CONTINUE CAUSES ONS, IF ANY, USE (A) STAT ON LAST. II IDITIONS CO RELATED TO GIVEN IN PA	GIVING ING THE ONTRIBUTIN THE TERMIN RT 1 (A).	(C)					21. AUT	OPSY? (Yes o	r No)	
CERTIFICATION	DISEASES O	OR CONDITION IFICANT CONDITION IFICANT CONDITION THE BUT NOT CONDITION	CAUSES ONS, IF ANY, USE (A) STAT ON LAST. II IDITIONS CO RELATED TO GIVEN IN PA	GIVING ING THE ONTRIBUTIN THE TERMIN RT 1 (A).	(C)					21. AUT	OPSY? (Yes o	r No)
L CERTIFICATION	DISEASES OR DISEASES CE RISE TO THE UNDERLYIN OTHER SIGN TO THE DEADISEASE OR 20A. DATE OF	NTECEDENT OR CONDITIO C ABOVE CAI G CONDITI OF CONDITION OF CONDITION OF CONDITION OPERATION	CAUSES ONS, IF ANY, USE (A) STAT ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA I 20B. CON	GIVING ING THE ONTRIBUTIN THE TERMIN RT 1 (A).	(C)					21. AUT	OPSY? (Yes o	
AL.	DISEASES CORISE TO THE UNDERLYIN OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF	NTECEDENT OR CONDITION ABOVE CAN IG CONDITION IFICANT CON ITH BUT NOT CONDITION OPERATION NAL CAUSE	CAUSES ONS, IF ANY, USE (A) STAT ON LAST. II IDITIONS CO RELATED TO GIVEN IN PA 1 20B. CON	GIVING ING THE DITTIBUTED THE TERMIN RT 1 (A).	(C)	WAS PERFOR!	MED 22C. WHERE DII	D (If In Boltimore	City, give a		Yes	
ZAL CAL	DISEASES OR UNDERLYIN OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF 22A. EXTERI	NTECEDENT OR CONDITION ABOVE CAN IG CONDITION IFICANT CON ITH BUT NOT CONDITION OPERATION VAL CAUSE OR CON	CAUSES ONS, IF ANY, USE (A) STATON LAST. II IDITIONS CO GIVEN IN PA I 20B. CON WAS TRIB-	GIVING ING THE DITTIBUTED THE TERMIN RT 1 (A).	(C)NG AL DR WHICH OPERATION	WAS PERFOR!	MED 22C. WHERE DII	Q (If In Boltimore	City, give		Yes	
AL.	DISEASES C RISE TO THE UNDERLYIN OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF 22A. EXTERI UNDERLYING UTING CA	NTECEDENT OR CONDITION ABOVE CA IG CONDITION IFICANT CON ITH BUT NOT CONDITION OPERATION NAL CAUSE OR CON USE OF DEA	CAUSES DNS, IF ANY, USE (A) STAT ON LAST. II DDITIONS CO GIVEN IN PA N 20B. CON WAS TRIB. TH.	GIVING ING THE DITTING THE TERMIN RT 1 (A).	(C)	WAS PERFOR!	WED 22C. WHERE DII NJURY OCCUR	?			Yes	
ZAL CAL	DISEASES CORISE TO THE UNDERLYIN OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF UNDERLYING UTING CAI 22D. TIME OF INJURY	NTECEDENT OR CONDITION ABOVE CA IG CONDITION IFICANT CON ITH BUT NOT CONDITION OPERATION NAL CAUSE OR CON USE OF DEA	CAUSES ONS, IF ANY, USE (A) STATON LAST. II IDITIONS CO GIVEN IN PA I 20B. CON WAS TRIB-	GIVING ING THE DITTING THE TERMIN RT 1 (A).	(C)	WAS PERFOR!	MED 22C. WHERE DII	?			Yes	
ZAL CAL	OTHER SIGN TO THE DEA DISEASE OR UNDERLYIN OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF UNDERLYING UTING CAI 22D. TIME 22D. TIME OF INJURY (APPROX.)	NTECEDENT OR CONDITION ABOVE CA IG CONDITION IFICANT CON ITH BUT NOT CONDITION OPERATION NAL CAUSE OR CON USE OF DEA	CAUSES DNS, IF ANY, USE (A) STAT ON LAST. II DDITIONS CO GIVEN IN PA N 20B. CON WAS TRIB. TH.	ONTRIBUTING THE TERMIN (A). DITTION FOR the termin (A).	CR WHICH OPERATION 18. PLACE OF INJURY(eme, form, foctory, street, company) 22.E. INJURY OCCURRING WHILE AT THE PLACE OF INJURY OCCURRING WHILE OC	WAS PERFOR!	WED 22C. WHERE DII NJURY OCCUR	?			Yes	
ZAL CAL	DISEASES CORISE TO THE UNDERLYIN OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF UNDERLYING UTING CAI 22D. TIME OF INJURY	NTECEDENT OR CONDITION ABOVE CA IG CONDITION IFICANT CON ITH BUT NOT CONDITION OPERATION NAL CAUSE OR CON USE OF DEA	CAUSES DNS, IF ANY, USE (A) STATON LAST. II DDITIONS CO GIVEN IN PA N 20B. CON WAS TRIB. TH.	ONTRIBUTING THE TERMIN (A). DITTION FOR the termin (A).	CR WHICH OPERATION B. PLACE OF INJURY(eome, form, foctory, street, own, while at the work of the work	WAS PERFOR/	WED 22C. WHERE DII NJURY OCCUR	?			Yes	
ZAL CAL	OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF UNDERLYING UTING UTING CAPPROX.)	NTECEDENT OR CONDITION ABOVE CA IG CONDITION IFICANT CON ITH BUT NOT CONDITION OPERATION NAL CAUSE OR CON USE OF DEA	CAUSES ONS, IF ANY, USE (A) STAT ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA N 20B. CON WAS TRIB. TH. Oy) (Yeor)	ONTRIBUTING THE TERMIN (A). DITTION FOR the termin (A).	CR WHICH OPERATION B. PLACE OF INJURY(eome, form, foctory, street, own, while at the work of the work	WAS PERFOR	MED 22C. WHERE DII INJURY OCCUR 22F. HOW DID	?	R?	exoct locotion	Yes	
ZAL CAL	OTHER SIGN TO THE DEAD DISEASES OR 20A. DATE OF UNDERLYING UTING CAPPROX.) 23.	IFICANT CONDITION IFICANT CONDITION IFICANT CONDITION OPERATION NAL CAUSE OF DEA Month) (D	CAUSES ONS, IF ANY, USE (A) STAT ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA I 20B. CON WAS TRIB. TH. Ony) (Yeor)	ONTRIBUTING THE TERMIN (A). DITTION FOR (Hour)	CC)	WAS PERFORI .g., in or obout the street of	MED 22C. WHERE DII NJURY OCCUR 22F. HOW DID and that an	? INJURY OCCUI	R? death In m	exoct locotion	Yes	
ZAL CAL	OTHER SIGN TO THE DEAD DISEASES OR 20A. DATE OF UNDERLYING UTING CAPPROX.) 23.	IFICANT CONDITION IFICANT CONDITION IFICANT CONDITION OPERATION NAL CAUSE OF DEA Month) (D	CAUSES ONS, IF ANY, USE (A) STAT ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA N 20B. CON WAS TRIB. TH. Oy) (Yeor)	ONTRIBUTING THE TERMIN (A). DITTION FOR (Hour)	CC)	WAS PERFOR/ .g., in or obout fice bldg., etc.) D IOT WHILE I WORK Autapsy Autapsy cide H	MED 22C. WHERE DII INJURY OCCUR 22F. HOW DID and that an amicide	? INJURY OCCUI this basis, a	R? death In m	exoct locotion	Yes	
ZAL CAL	OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23.	IFICANT CONDITION IFICANT CONDITION IFICANT CONDITION OPERATION NAL CAUSE OF DEA Month) (D	CAUSES ONS, IF ANY, USE (A) STAT ON LAST. II IDITIONS CC RELATED TO GIVEN IN PA I 20B. CON WAS TRIB. TH. Ony) (Yeor)	ONTRIBUTING THE TERMIN (A). DITTION FOR (Hour)	CC)	WAS PERFORI	22C. WHERE DII INJURY OCCUR 22F. HOW DID and that an amicide CHIEF MEDICA	injury occul this basis, o Undetermin	R?	exoct locotion	Yes	3
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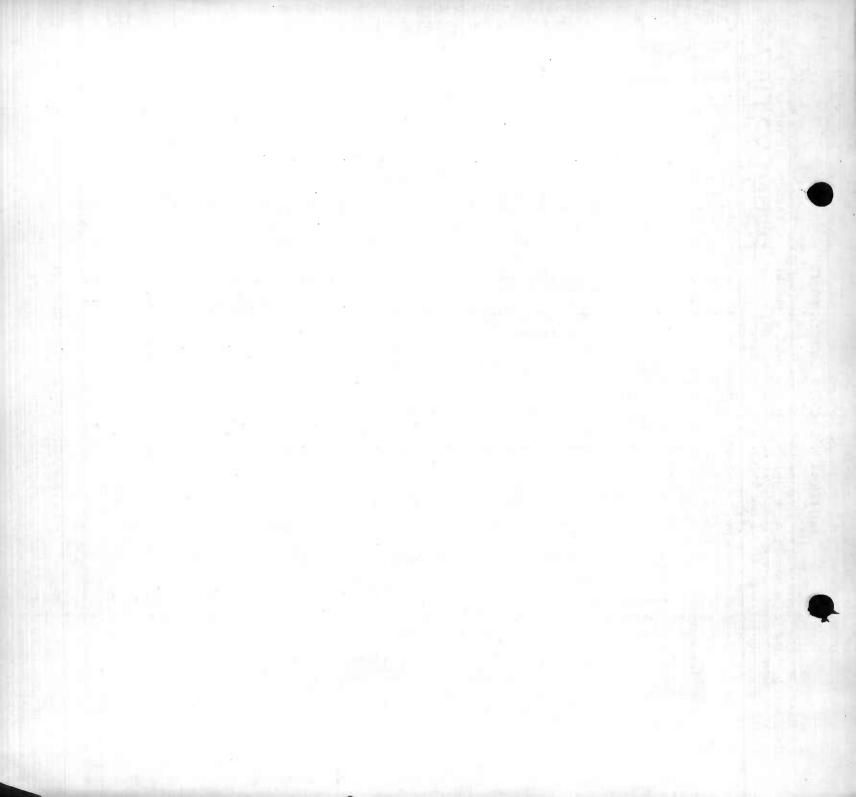
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FUNERAL DIRECTOR:

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OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF		o, farm, factory, street, of	YES in or obout 21C. WHERE DIE ffice bidg., INJURY OCCUR	I II In Boltimor	FINDINGS CONSIDERED USES OF DEATH? To City, give exect location)
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

written approval must be obtained before the remains are embalmed or final disposition is made.

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BIRTH NO.	
Type or Print)	BORNE, I
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Bolton Hill Nu.	rsing &

BALTIMORE CITY HEALTH DEPARTMENT CEDTIFICATE OF DEATH

REG. NO.	69	4475

Orlano O

BIRTH NO.	CLKIIIICA	TE OF DEATH		
NAME OF DECEASED	A. Santa Santa	2. DATE A	ND HOUR OF DEATH	
ype or Print) OSBORNE, Kat	herine	Apri	1 29, 1969	1 2:35 A. M
CERTIFICATE	AMENDED INSTITUTION, OVE STREET	A. USUAL RESIDENCE (WHA, STATE B, COU	ere deceosed lived, if instit NTY D. INSIDE	Ution: residence before admission) / 8 - 0 3 CITY LIMITS?
10		Baltimore E. STREET AND NUMBER	¥	ES NO
Bolton Hill Nursing & Co	nvalescent Ctr.	22 S, Carrol	lton Avenue.	21223
F White with	ARRIED NEVER MARRIED DOWED DIVORCED	5-01-BE/883	87 85	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
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3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
*11bert *15borbe* Freder 5. Wos Deceased Ever in U. S. Armed Forces?	ick Yatto	*#####################################	tto Mary Fex	X ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of		Mr.John Osbor	ne,22 S. Car	
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dyinheort foilure, osthenia, etc. 11 means the cinjury or complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) statis UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 1974. DATE OF OPERATION 1988. CONDITIO	g, e.g., DUE TO, OR AS DUE TO, OR DUE TO, OR DUE TO, OR DU	Lundence of: A CONSEQUENCE OF: Lundence of:	Pert disas Zerelzek	yeura.
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(II III BOIIIII) P	City, give exact location)
21D.TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)	While At Nork At Work		JURY OCCUR?	
22. I certify that (I) (this hospital) atta	ended the deceosed fram		.19ta	19
that (I) (we) last sow the deceased oli and hour and fram the causes stated a	ve an	19and t	hat in (my) (aur) apinio	an death accurred an the date
23C. PHYSICIAN'S NAME (Type) ALLA	Market MACHT M	miding Med. Director	Staff D	3B. DATE SIGNED 4/29/69 BID MD
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR		LOCATION (City, Baltimore	town, or county) (Stote)
	9 Loudon Park	em.		ADDRESS NAC

VS 150-REV. 1/1/6B

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V.S. 153 5-7-69 M. H.

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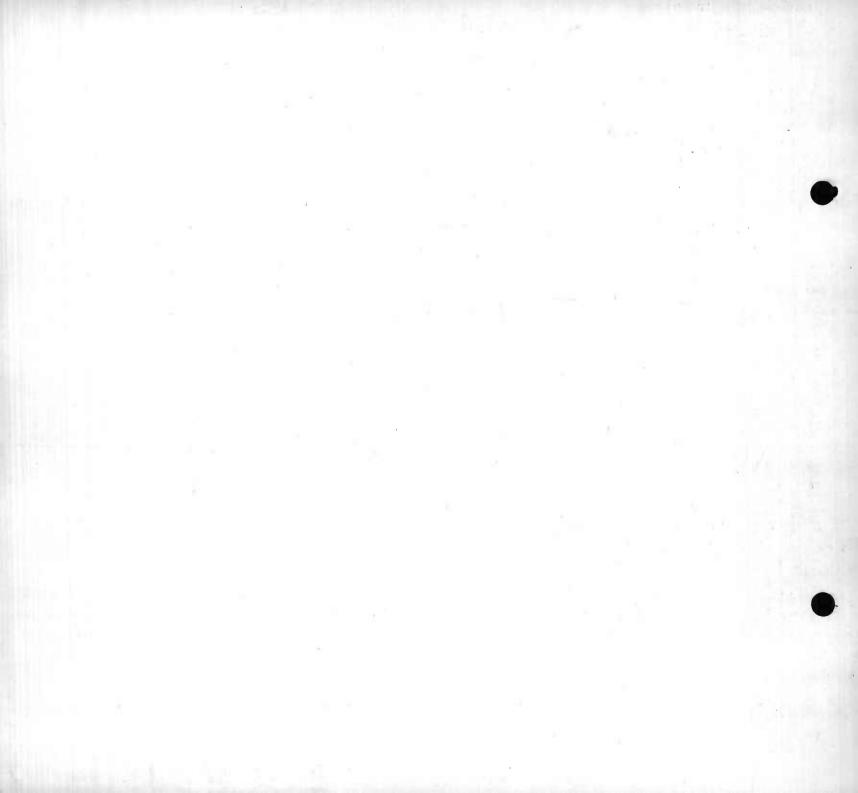
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IMPORTANT

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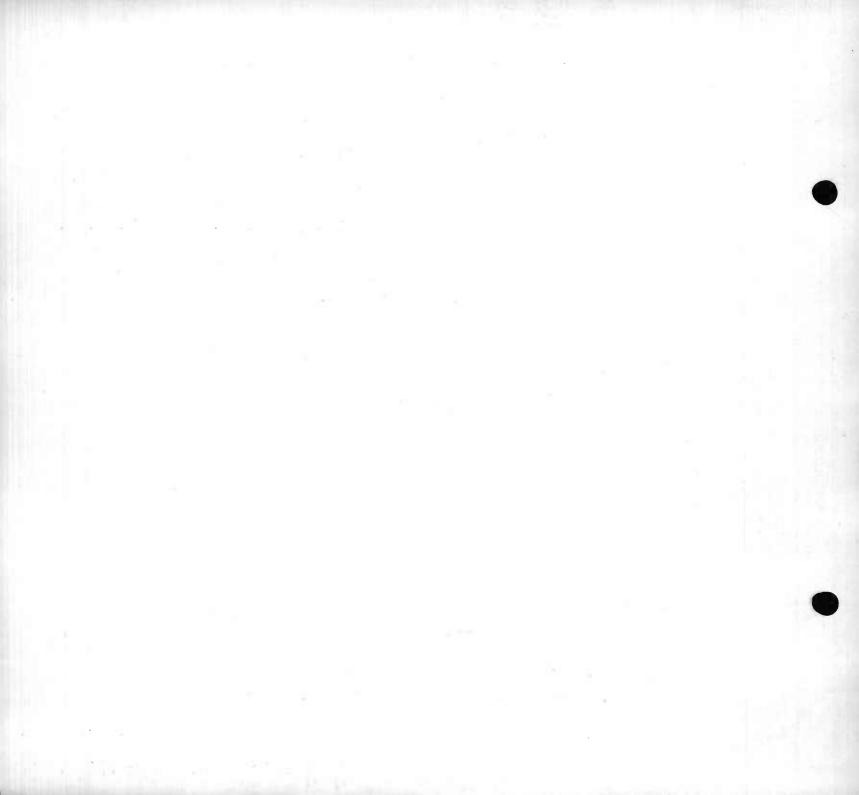


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4.	PLACE IN BAL						3. DATE	INICED DEAD	Month	Doy	Year	Hour	
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	TION) FOO	TOF	FELLS ST		ESIDENCE (W	April		1969	11:30	
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6.	SEX	7. RACE		8. MARRIEI	DON	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	***	
I	male	whit	te	WIDOWE	р□	DIVORCED	Balt	imore		YI	ES X	NO 🗆	
9. 1	DATE OF BIRTH		10. AGE (Ir lost birthdo			1 Yr. If Under 24 Hrs. Days , Haurs , Min.	E. STREET	AND NUMBER					
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	heart failure,	at mean the , asthenia, etc. aplication which	. It means the	disease,		DUE TO, OR	AS A CONSEG	UENCE OF:					
	,.,												
		NTECEDENT				(8)	AS A CONSE	OUENCE OF					
	RISE TO THE	R CONDITION	USE (A) STA	ING THE		DUE 10, OK	AS A CONSE	QUENCE OF:			- 11		
Z	UNDERLYIN	IG CONDITI	ION LAST.			(c)							
15			11	0.170101121									
CERTIFICATION	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERMIN	NG IAL						153		
E		CONDITION			OR WIL	ICH OPERATION W	AS DEDECIDA	AED.			21 AUT	OPSY? (Yes a	r Na)
S. S.	1	OFERATION	4 200. COI	ADIIION FC	OK WIT	ICH OPERATION W	AS FERFORM	NED.			ZI. AUIC		110)
A.	22A. EXTERI	NAL CAUSE	MAC	122	OR DIA	CE OF INJURY (e.g.,	in as about '	20 WHERE DI	D ///:- Paltima	as City alva av	not lecation\	Yes	-
S	UNDERLYING			ho	om e, fai	m, factory, street, offic	e bldg., etc.)	NJURY OCCUP	3?		-	2-0-	5
MEDI	UTING CA		TH. (Year	r) (Haur)	1225 1	harbor		Balti 22F. HOWDID	more Ha		FOOT O	F FELL	5.51
-	OF INJURY		dy) (redi		WHIL								
	(APPROX.)	UNK		UNK m	1. WOR	K L AT V	WHILE X	Sub	. drown	ied			
		ify that I h	eld an I	nguiry 🗌	In	spection Au	itapsy 🔣	and that a	n this basis.	death in my	opinlon		
		ed from: N			Acci			amicide 🗌		ined monner			
	(6201)		An .	(Acci	Solicit		CHIEF MEDICA			_		
	ACTUAL	DE 114	SM	Yh '	1	M.E	ASS	STANT MEDICA		X		DATE SIGN	IED
	SIGNATU EXAMINI NAME (T	ER'S	Werne	er U.	Spit			CIATE MEDICA	AL EXAMINER			4/30/69	9
24 RE	A. BURIAL CREA MOVAL (Specif	MATION. 2	48. DATE		24C. N	AME of CEMETERY	ar CREMATO		D. LOCATION		n, or county	(Stot	e)
	Buria		5/2/19	969	St.	Stanislaus	Cemete	ry	Daltimor	e, Maryl	and		
25	A. DATE REC'D	100	The state of the s	258. NA		REGISTRAR	25C.	FUNERAL DIRE			ADDRESS		
	MAY	1 195	9 (No Dest	3 1	Farley D	LD, Geo	orge A.W	eber 705	South	Ann St	treet	
VS	151-REV. 1/1/68	N	GALL	119	6	9 1)		40	7				

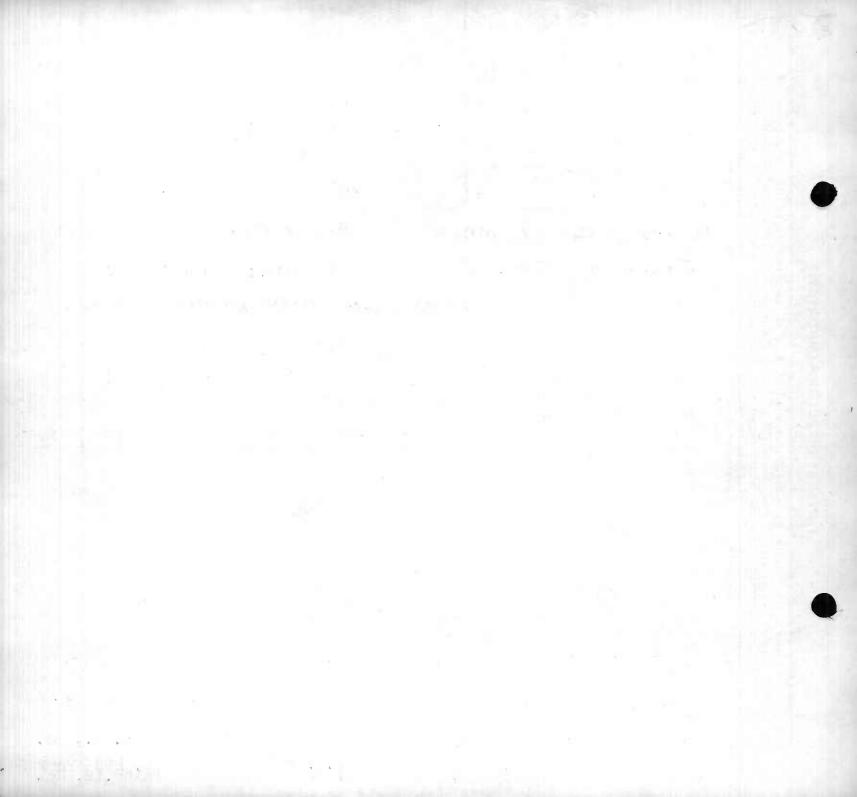


VS 1S0-REV. 1/1/6B



			B				
BIRTH NO.		69	4479 c	CERTIFICA	TE OF DEATH	REG. NO	69 4479
Type or Print)	UALTER	-	ACON	, SR.		P29-190	1H 2 20
PLACE IN BAL	TIMORE MARYL	AND, WHERE	PRONOUNCED	DEAD	4. USUAL RESIDENCE (Whe		f institution: residence before odmiss
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN	HOSPITAL OF	OR INSTITUTION,	GIVE STREET	C. CITY OR TOWN		27-78 NSIDE CITY LIMITS?
	IN THE	PINES	BER	AIR	BALTIM OR E. STREET AND NUMBER		YES NO
10			/		1240 WO	OBBOURN	E AVE.
SEX	6. RACE		ARRIED NEV	ER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Min
			KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUN
	SALES		UMBE	R	BALTO. N		21-5.A.
3. FATHER'S NA	ME	Ba	con		14. MOTHER'S MAIDEN NA	4 _	
5. Wos Deceosed	ARD		16.50	CIAL	17. INFORMANT	e be	nhett
es, no or unknown	(If yes, give wo	or or dates of	service) SEC	CURITY NO.		0 = 5 = . =	ADDRESS
18.11.0				-07- 924	1	BESSIE	E. BACON APPROXIMATE INTERV
DISEASES (nat mean the n asthenia, etc. I mplication which ANTECEDENT (DR CONDITION e obave caus G CONDITION	It means the of caused death CAUSES NS, if any, se (A) statilast.	g, e.g., disease, th.) giving ing the	(a) IMMEDIATE CAU DUE TO, OR AS POUR LIN DUE TO, OR AS (c) Left	A CONSEQUENCE OF: FOR SYNCTROM OF S A CONSEQUENCE OF: FRIME PAREFE	lan clipe	ral many year Alec- 196.
TO THE DEAT	TH BUT NOT RELA						
TO THE DEAT	TH BUT NOT RELA CONDITION GIVE OPERATION 1	N IN PART 1 (A	N FOR WHICH	OPERATION	20A. AUTORSY? (Yes or No	208. IF YES, WEE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
TO THE DEAT DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIBLE	TH BUT NOT RELA CONDITION GIVE OPERATION 1	IN IN PART 1 (A	ON FOR WHICH	OF INJURY (e.g., ii	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID INJURY OCCUR?	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact location)
TO THE DEAT DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIBLE	TH BUT NOT RELA CONDITION GIVE F OPERATION 1 V NT WAS UNDER UTING CAUSE	IN IN PART 1 (A 19B. CONDITIO WAS PERFORM RLYING : OF et)	21B. PLACE home, form, etc.)	OF INJURY (e.g., ii	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltin	
TO THE DEAT DISEASE OR CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify thor (I) (we)	TH BUT NOT RELA CONDITION GIVE F OPERATION 1 V NT WAS UNDER UTING CAUSE Medical examina (Month) (Doy) That (1) (this is	EN IN PART 1 (A 19B. CONDITIO WAS PERFORM RLYING E OF et) (Year) (Ho haspital) atta deceased ali	21B. PLACE home, form, etc.) 21E. INJUR' While At Work rended the dece	OF INJURY (e.g., in foctory, street, of Y OCCURRED Not Whill At Work cosed fram	21F. HOW DID INJ	(If In Boltin	
TO THE DEATH DISEASE OR CO 19 A. DATE OF 21 A. ACCIDE OR CONTRIBUTION (APPROX.) 22. I certify that (1) (we) and hour one 23A. SIGNATU	ITH BUT NOT RELA CONDITION GIVE F OPERATION 1 V INT WAS UNDER UTING CAUSE (Month) (Doy) That (1) this is lost sow the course of the course Of the course	EN IN PART 1 (A 19B. CONDITIO WAS PERFORM RLYING E OF et) (Year) (Ho haspital) atta deceased ali	21B. PLACE home, form, etc.) 21E. INJUR' While At Work rended the dece	OF INJURY (e.g., in foctory, street, of voccurred Not While the work work with the cosed fram and the cosed	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJ 19 69 ond the iew the body after death. Med. Director	(If In Boltin	nore City, give exact location)
TO THE DEAT DISEASE OR COUNTY TO THE DEATH OF INJURY (APPROX.) 21.A. ACCIDE OR CONTRIBUTED OR C	IT BUT NOT RELA CONDITION GIVE FOPERATION 1 V NT WAS UNDER UTING CAUSE Medical examina (Month) (Doy) than (I) (this I b) lost saw the country of the country IRE OTHER OTH	EN IN PART 1 (A 19B. CONDITIO WAS PERFORM RLYING E OF et) (Year) (Ho haspital) atta deceased ali	21B. PLACE home, form, etc.) 21E. INJUR' While At Work rended the dece	OF INJURY (e.g., in foctory, street, of voccurred Not While the work work with the cosed fram and the cosed	nor obout 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJ 19 9 ond the iew the body after death. Med. Director 23D. ADDRESS	URY OCCUR?	pinion death occurred on the
TO THE DEATH OF DISEASE OR CO 19 A. DATE OF 21 A. ACCIDE OR CONTRIBUTION (APPROX.) 22. I certify thor (I) we) ond hour ond 23 A. SIGNATU 23. PHYSICIA 23. PHYSICIA 24. BURIAL CRE	ITH BUT NOT RELA CONDITION GIVE F OPERATION 1 V NT WAS UNDER UTING CAUSE (Month) (Doy) T that (1) (this is less to the coust AN'S AN'S MATION, 1248, I	EN IN PART 1 (A 19B. CONDITIO WAS PERFORM RLYING E OF et) (Year) (Ho haspital) atta deceased ali	218. PLACE home, form, etc.) 218. PLACE home, form, etc.) 218. PLACE home, form, etc.) 218. PLACE home, form, etc.) While A1 work Wor	OF INJURY (e.g., in foctory, street, of voccurred Not While the work work with the cosed fram and the cosed	nor obout 21C, WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 69 ond the iew the body after death. Inding Med. Director Direc	IN CERTIFYING (If In Boltin URY OCCUR? 19 to at In (my) (our) &	pinion death occurred on the
TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIBU DEATH (notify DEATH (notify (APPROX.) 22. I certify thos (I) we) ond hour one 23A. SIGNATU 23C. PHYSICIA NAME (I	ITH BUT NOT RELA CONDITION GIVE F OPERATION 1 V NT WAS UNDER UTING CAUSE (Month) (Doy) T that (1) (this is less to the coust AN'S AN'S MATION, 1248, I	HIN PART 1 (A 198. CONDITIO WAS PERFORM RLYING E OF et) (Year) (Ho deceosed ali ses stated a	21B. PLACE home, form, etc.) 21E. INJUR' While At work rended the deceive on A A A A A A A A A A A A A A A A A A	OF INJURY (e.g., in foctory, street, of Y OCCURRED Not While At Work cosed from 29 (did) (did not) v DEGREE Physical	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJ 19 69 ond the iew the body after death. Med. Director Director Director MATORY 24D. L	IN CERTIFYING (If In Boltin URY OCCUR? 19 to at In (my) (our) 6 Staff Phys	prince City, give exact location) Prince City, give exact location) 19 6 19 6 23 B. DATE SIGNED 4-29-69 BALTO. 21212

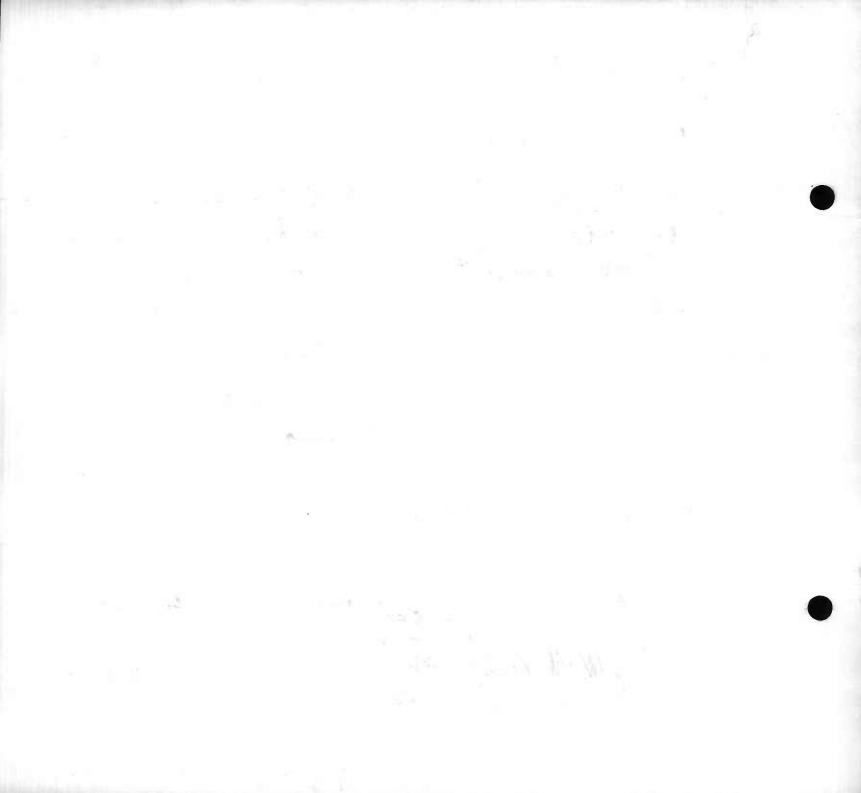
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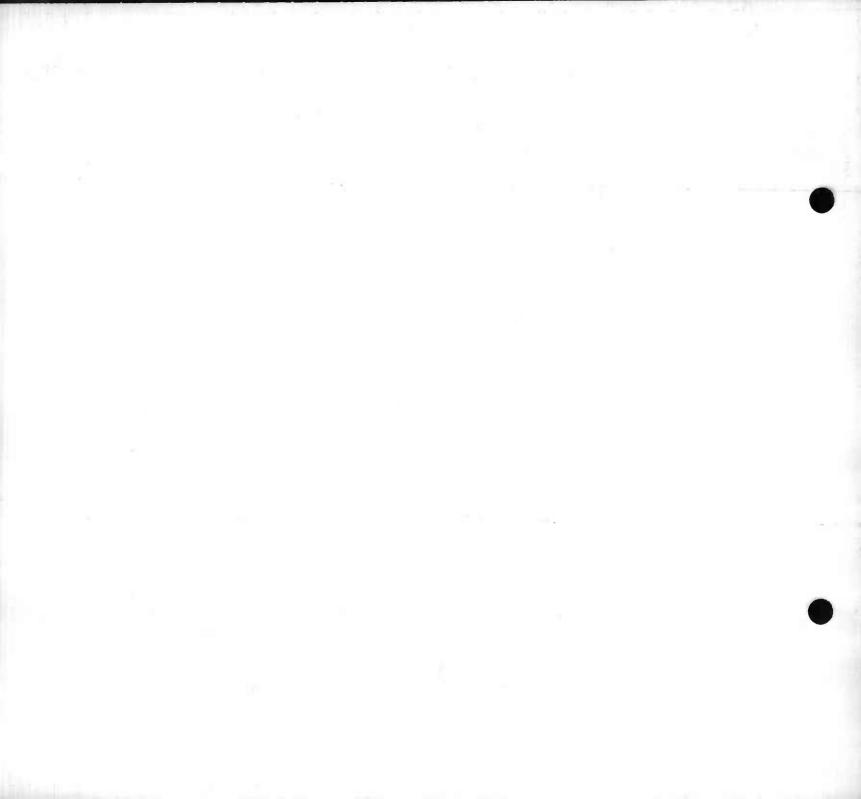


	69	4430		IY HEALTH DEPARTMENT	REG. NO.	69 4480
BIRTH NO.	00	1100	CERTIFIC	ATE OF DEATH	REG. NO	00 1100
1. NAME OF DE		- 1	1.	2, DATE	AND HOUR OF DEATH	/
Type of Finit	DELEA, E	ELEANO	R GROGAL	1 41	30/69	6:00 P
3. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PRONOUN		4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If in	stitution; residence before admissi
	5 45 NOT IN HOSE			4.4.4	01111	11-01
HOSPITAL OR	ADDRESS OR LO		NON, GIVE STREET	C. CITY OR TOWN	ID INE	IDE CITY LIMITS?
NSTITUTION				D		YES NO
HNION	MEM. H	osp		E. STREET AND NUMBER	2/2/8	163 20 140
441212	Men			3817 JUNIE	ER RD.	
SEX	6. RACE	7. MADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 h
=	10/	WIDOW		4-6-04	lost birthdoy)	Months Doys Hours Min
OA USUAL OC	CUPATION (Give kind of w		_	RY 11. BIRTHPLACE (State or f	oreign country)	12, CITIZEN OF WHAT COUN
	of working life, even if retired			TIL BIKITI EACE (SIDIE OF I	oreign country)	12. CHIZEN OF WHAT COUN
Heuse	WIFE	OWN	HOME	MD.		U.S. A.
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN N	IAME	
THEM	AS J. G	20GAN		NA INIE C	CRAWFO.	RD
	ed Ever in U. S. Armed I	Forces?	6. SOCIAL	17. INFORMANT	7 (711-01	ADDRESS
A 1 -	vn) (If yes, give wor or de	oles of service)	SECURITY NO.			_\
NO			20-46-493	5 THOMAS GRE	GAN; (SAA)	€)
18.	30,01		CAUSE OF DEA	TH		APPROXIMATE INTERVA
DISE	ASE OR CONDITION I			C	. 1	
	LEADING TO DEAT		(A)IMMEDIATE C	AUSE Juhanach	and Heron	hepe 18 has
	not mean the mode e, asthenia, etc. II mean			S A CONSEQUENCE OF:		
	amplication which caus					
700	ANTECEDENT CAUS	ES	14	1 sentención		10 m
DISEASES	OR CONDITIONS, if	any giving	DUE TO, OR	S A CONSEQUENCE OF:	***************************************	/3
rise fo f	the obave cause (A					
UNDERLYIN	NG CONDITION last.		(c)			
	II					
	IFFICANT CONDITIONS CATH BUT NOT RELATED TO					
	CONDITION GIVEN IN P	ART 1 (A).				
19A. DATE C	OF OPERATION 198. CO	ONDITION FOR WE	HICH OPERATION	20A-AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
			*	No		
OR CONTRI	ENT WAS UNDERLYING	21B, P	LACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct lacotion)
	fy medical examiner	etc.)	1			
	(Month) (Doy) (Yea	or) (Hour) 21E, I	NJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY		While	At Not W			
		Work	L At Wo	rk 📙		1
22. I certif	y that (1) (this hospit	oftended the	deceased from	4/29	1969 to Y/.	10 1965
that (I) (we	o) lost sow the deceo	sed olive on	4 130	19 69 ond	that In (my) ((our) pl	nion death occurred an the
	_			view the body ofter deat		
23A. SIGNAT) J. J. J. J. J. J. J. J. J. J. J. J	(dia not)	THEW THE DODY OTTER GEGT		23B. DATE SIGNED
7	1. 0)	Δ.	ttending Med.	Shaff	/ /
L 1	May 1	ren		nys. Director L	Phys.	4/30/69
23C. PHYSICI	(Type)			23D. ADDRESS		
	ALLAN D.	JENSEN	M-0.	UNION 1	401 HOSP	
4A. BURIAL CR	REMATION, 248, DATE	i	AE of CEMETERY OF C	E		ity, town, or county) (State
REMOVAL	(Specify)			100		(3)016
Burial			ew Cathed:	ral	Baltimore	Md.
SA. DATE REC'	D BY HEALTH DEPT.	258 NAME OF	REGISTRAR	MARSC FUNERAL DIRECT	ns & Sons	Co. 4905 York
IN IN	MAY 1 1969	The Gal	Ju Barry	A STATE	Balto 12.	Md. 4705 TOPK
S 150-REV. 1/1	/6B			4416		

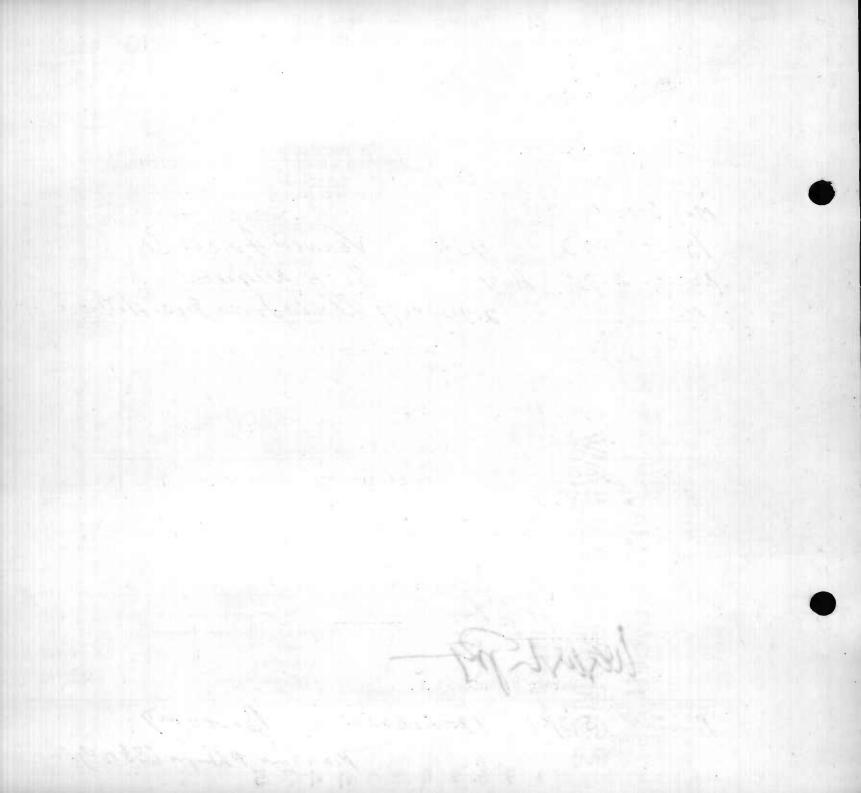
7-6-cy C. 148 Hide Specific THOMAS - CREERIN WALKER C CHAPTER 0.54 THOMAS CONTRACT I grant had which 0.00 7 to (4)8 on Complex and in his X there were not the manufacture of many

VS 150-REV. 1/1/6B





		69 448	3	BALTIMORE CITY HE			DEAT		6.6	
DID	TU NO	MEL	CAL	EXAMINER'S	LER HIFT	CATE OF	DEATH	REG. NO	69	4483
	TH NO.	CEASED			2. DATE	Knawn XX	M 1	-	V	C.
(Тур	e ar Print)	CEASED		HODBER	2. DATE OF		Manth	Day	Year	Haur
1	RUTH	LTIMORE MARYEAND I	WIEDE DD	FORBES	DEATH	Estimoted				N
	L NAME OF	LTIMORE, MARYLAND, V			3. DATE	JNCED DEAD	Month	Day	Year	Hour
HO:	SPITAL	ADDRESS OR LOCA	TION)	TUTION, GIVE STREET	1 1 1 1 1 1 1	STREED BEAD	April	28,	1969	8:00 P
OR	INSTITUTION				5. USUAL R	ESIDENCE (Where				before admission)
0	71603	W. Lexington	St.		A. STATE Mai	ryland		. COUNTY	14	-01
6. 5	EX	7. RACE	B. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?	-01-
	female	negro		ED DE POIVORCED	Bal	ltimore			YES X	NO 🗆
9. [ATE OF BIRT			If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET	AND NUMBER				
1	1xy 6	-1930 lost birthdo	Α)	wanths Days Haurs Min.	160	3 W. Lexi	ngton	Street		
11.	BIRTHPLACE (State or foreign country)	1	2. CITIZEN OF	13. FATHER		A			
1	15007	0 M)		WHAT COUNTRY?	V50	2.NUN -	1-00 1.	155 (A.	
14A	USUAL OCCL	JPATION (Give kind of work	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	WE	- 0	10.	
		working life, even if retired)	11	A A .	16.3	out his	1/100	0 1		
11	D1,060	11.78	HO	5/11	101	17 001	1/1/20	7 41		
		SED EVER IN U.S. ARMEI		17. SOCIAL SECURITY NO.	18. INEORA	MANI	1.	C. C	ADDRESS	1211500 6
-				217-24-0841	45116	aristr	van o	112.	MARIN	80000 C
	19.	X		CAUSE OF DEA	TH .					PROXIMATE INTERVAL
	DISEAS	SE OR CONDITION DIRE	CTLY	Broncho	ppeumor	nia				
		LEADING TO DEATH		(A)IMMEDIATE C	-					
	(This does i	not mean the mode of dy e, asthenia, etc. It means the	Ing, e.g.,		S A CONSEQ	UENCE OF:				10 10 10 10 10 10 10 10 10 10 10 10 10 1
	injury or co	mplication which coused de	ath.)							
		NTECEDENT CAUSES								
			Y. GIVING	(B) DUE TO, OR	AS A CONSE	DUENCE OF:				
	RISE TO TH	OR CONDITIONS, IF AN' E ABOVE CAUSE (A) STA NG CONDITION LAST.	TING THE							
Z	UNDERLIT	NO CONDITION LAST.		(C)						
ATION		II								
ò	TO THE DE	VIFICANT CONDITIONS COATH BUT NOT RELATED TO	THE TERMIN	NG Fatty	Alterat	ion of th	e Live			
CERTIFIC	DISEASE OF	R CONDITION GIVEN IN P	ART I (A).	100000000000000000000000000000000000000						
3	20A. DATE O	F OPERATION 208. COI	NDITION F	OR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
	1									Yes
8		NAL CAUSE WAS	2	2B. PLACE OF INJURY (e.g., ame, farm, factory, street, offic	in ar about 2	2C. WHERE DID	(If in Baltimare	City, give e	xact lacation)	
Ö		GOR CONTRIB-	- "	dine, larm, lactory, street, ome	e biog., erc.) ii	NJORT OCCUR!				
Σ	22D. TIME	(Month) (Doy) (Yea	r) (Haur)	22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCU	R?		
П	OF INJURY (APPROX.)			WHILE AT NOT	WHILE					
	23.		- 1	n. WORK LAT W	OKX L					
	1 cer	tify that I held an I	nauiry [Inspection Au	tonsy X	and that an tl	his basis, a	leoth In m	v aninian	
		ted fam: Natural cau			7 40					
P	resu	rea mam: Natural cau	ses M	Accident Suicio			Undetermin	ea manner		
	ACTUAL	110001.8	1	WA		CHIEF MEDICAL E		773		DATE SIGNED
	SIGNAT		N	M.D	ASSI	STANT MEDICAL E	XAMINER	X		
	EXAMIN	METH	er U//	Spitz, M.D.	ASSO	CIATE MEDICAL E	XAMINER			4/29/69
	NAME (Type								
	BURIAL CRE		10	24C. NAME of CEMETERY		PRY 24D.	LOCATION	(City, ta	un ar caunty) (State)
1	man and	5/3/6	4	MATAUBU	- MM	1	PALT	OM	/	
254	DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	, 25C. F	UNERAL DIRECTO	OR .		ADDRESS	
		1969	130	AF FOR	MITZ	and in	10/1		138n	gramos
	MAY	1000	Mesh	ar a vanous	11/	MAN MIN	110	40,6	1	1 10+
VS I	51-REV. 1/1/6	8	1	0 7 0		4 7 5				



2	69 4484		HEALTH DEPARTMENT		69 4484
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	00 4404
	1. NAME OF DECEASED THE AND TO	,		ND HOUR OF DEATH	
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED	Kerson	4-	28-69	5:00 Aug M.
1	WHERE PRONOUNCED	DEAD	W 21VIE 8' COO!	ere deceased lived. It in NTY	nstitution: residence before admission
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	MarylMND		9-09
	INSTITUTION		C.CITY OR TOWN Baltimore	D. INS	IDE CITY LIMITS?
1	The Johns Hopkins Hospital		E. STREET AND NUMBER		YES NO
K	The come noprins nospical		1613 Holbro	ok Street	
M.	S. SEX 6. RACE 7. MARRIED NET	ER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. It Under 24 Hrs. Months: Doys Hours Min.
6	Female Negro widowed	DIFOR EED X	4/23/37	lost birthdoy 32	Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSIN dane during most of working life, even if retired)	ESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Henry Allen		Mamie Mat		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) SE	CIAL	Manue Mac	.cnect	
	SE(CURITY NO.		ITH 1601	N. Bund St.
		AUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		11.		BETWEEN ONSET AND DEATH
	(This does not mean the mode of dving an	(A) IMMEDIATE CAUS	CONSEQUENCE OF:	*	/wk
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	202.0,000.00	CONTEGUENCE OF:		
	ANTECEDENT CAUSES	(n)	Hersendens	im	years
1	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS A	CONSEQUENCE OF:		
	LINDER VING CONDITION 1-1	(c)			
1	7				/*************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Ven	rectal ab		1-2 wks
-10	▼ IDISEASE OR CONDITION GIVEN IN PART 1 (A)	OPERATION	20A. AUTOPSY? (Yes or No		
	WAS PERFORMED		YES	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH? NO
11	OR CONTRIBUTION	OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Baltimore	City, give exact location)
	U PEATH (notify medical examiner)	today, anded one	Se plage Indickt Occors		
	S OF INJURY	OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.) While At Work	Not While			
	22. I certify that (1) (this hospital) attended the dece	ased from	1/26	969 10	4/28 1968
	that (1) (we) last saw the deceased alive on	128	19 67 and the	at In (my) (our) opin	ilon death occurred on the date
	and hour and from the causes stated abave. (1) (We)	dld) (dld not) vie	w the body after death.		
	23A. SIGNATURE	- 10 -			23 B. DATE SIGNED
	23C. PHYSICIANS	OEGREE Phys.	Director L	Staff Phys.	4/28/69
	NAME (Type)	23	D. ADDRESS	-0- /	
2	44. BURIAL CREMATION, 248, DATE 24C, NAME of 6	GEGREE		BKINS K	TOSPITAL
	REMOVAL (Specify)	uburn de		Its, Md.	r, town, or county) (State)
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS		25C. FUNERAL DIRECTOR	//0, / /d.	ADDRESS
	MAY 1 1969 (2.2.1) E	Japlay !	WM MARI	H 9281	E. NORTH AVE
V	S 150-REV. 1/1/68	4 11 17		1000 1	-1//4

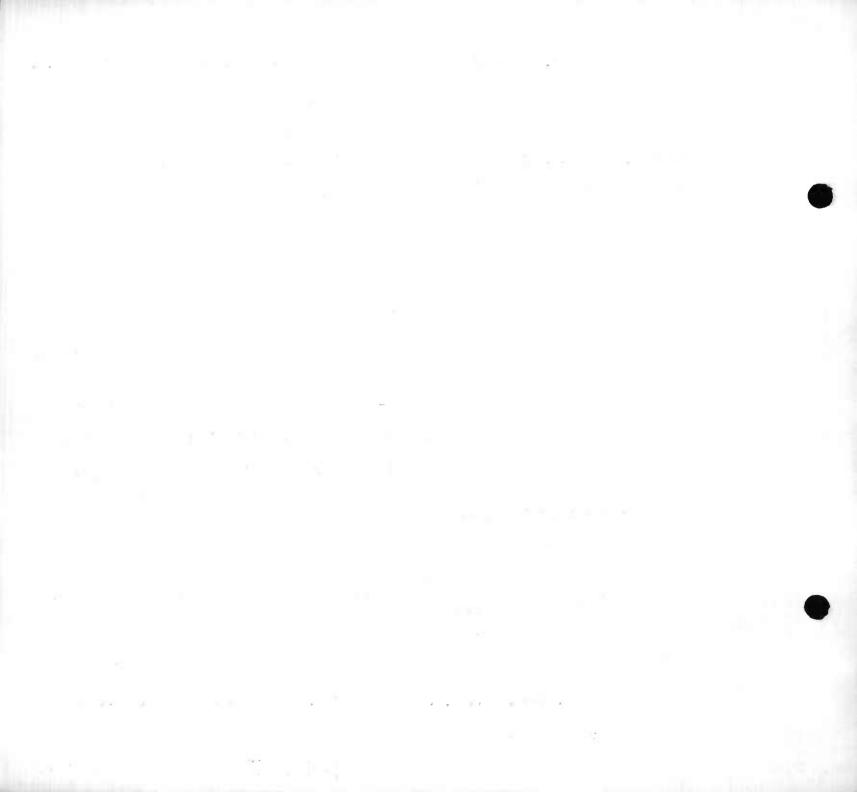


written Was

VS 150-REV. 1/1/68

If Under 1 Yr. Months: Doys If Under 24 His. 12. CITIZEN OF WHAT COUNTRY? Mis. LILLIE M. Pridget 452 11chesterAu SETWEEN ONSET AND DEATH 30 minutes 48 hours 6 years 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location ond that in (my) Year) opinion death occurred on the date 23 B. DATE SIGNED 4/30/69 601 N. Broadway, Baltimore, Md., 21205 (City, lown, or county)

NO 🗌



VS 150-REV. 1/1/68

NO!

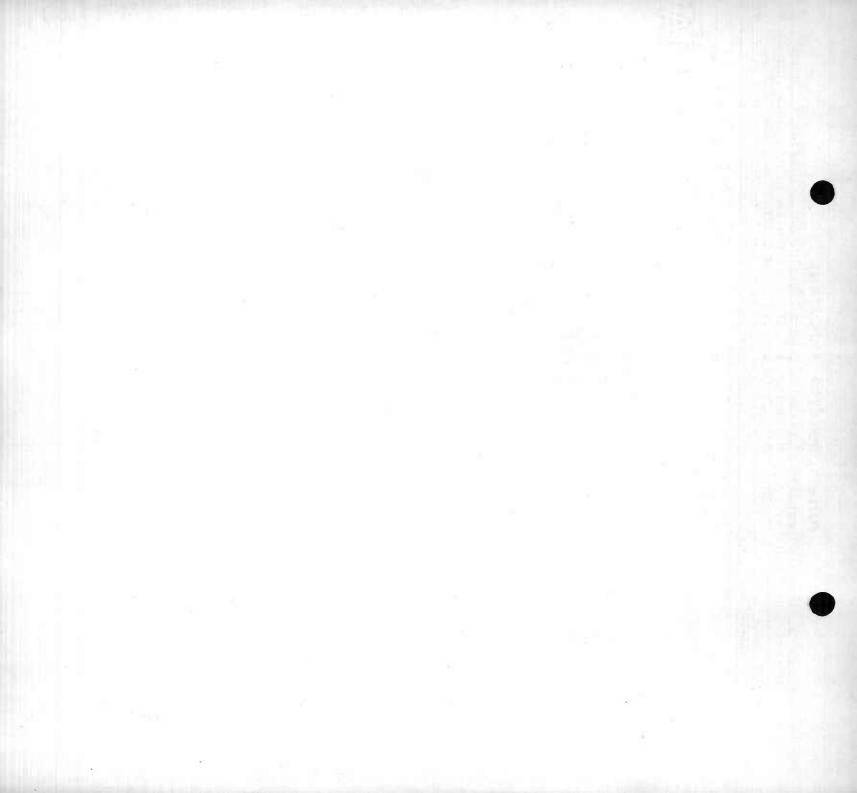
Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

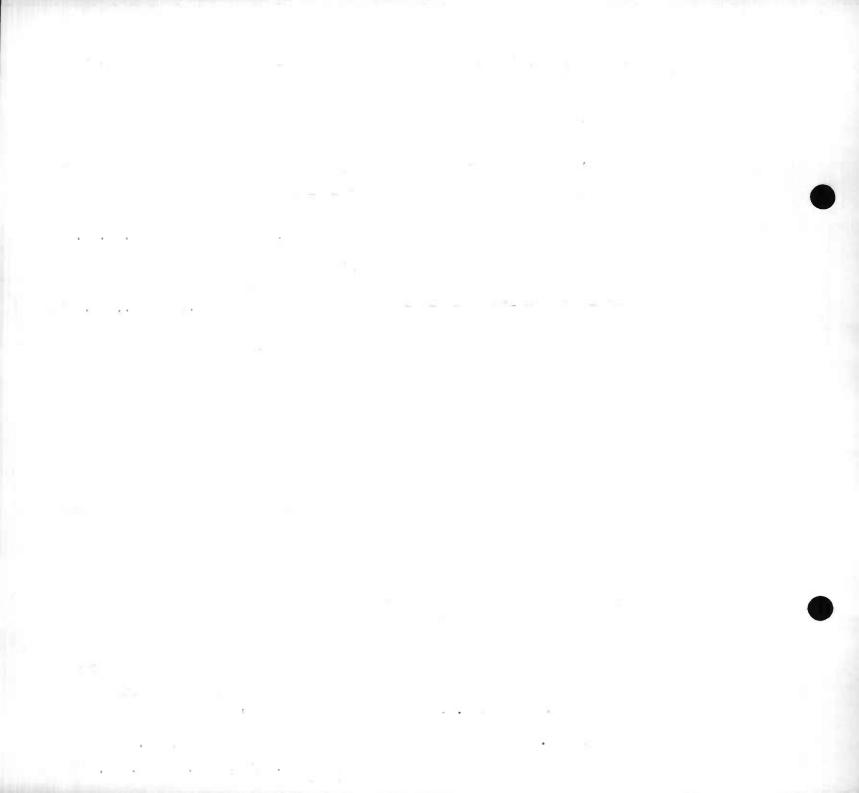
If Under 24 Hrs. Hours Min.



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ALTIMORE	CIII	HEAL	TIHI	JEPA	KIW	ENI

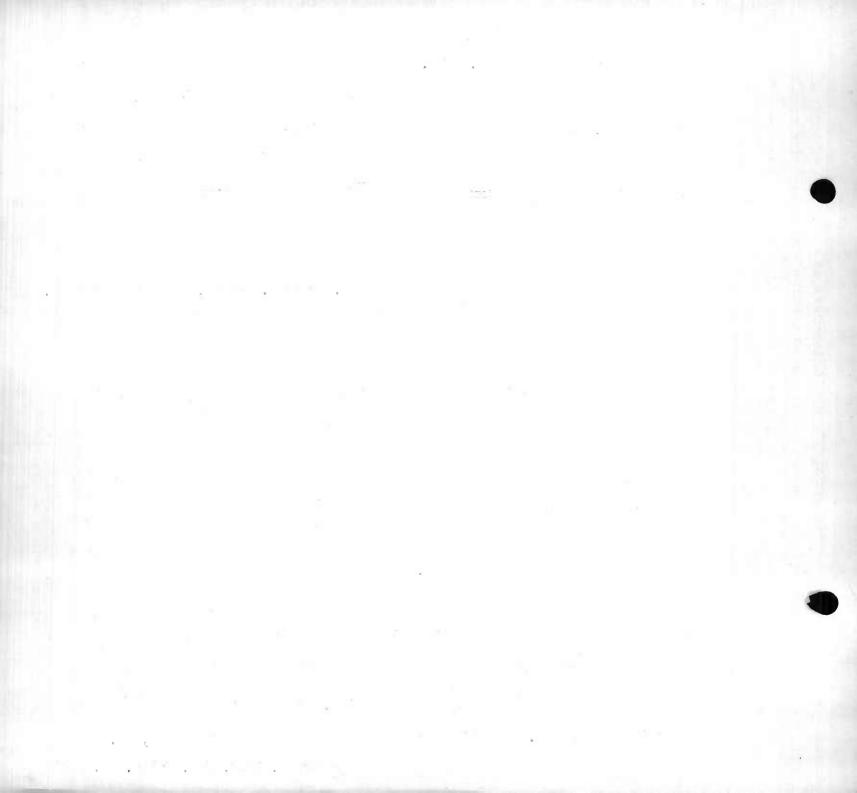
	6	9 4	487 CERTIFIC	TY HEAL	TH DEPARTMENT	REG. NO		A A	Q17
BIRTH NO.			CERTIFIC	AIL (JI DEAT		00	44	07
1. NAME OF D (Type or Print)	ZIEGLER, J	oseph	Frederick		4-	30–69	1	2:30 A	
3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	4. USI	JAL RESIDENCE	Where deceased lived, If i	nstitution; rasi	dence before	odmission)
FULL NAME OF	ADDRESS OR LOC		STITUTION, GIVE STREET	c. CIT	ARYLAND OR TOWN ALTIMORE	BALTIMORE C	ITY	27-	57
	VETERANS ADMINISTRATION HOSPITAL 3900 LOCH RAVEN BOULEVARD						YES X	NO []
I	BALTIMORE, MAR		21218		914 CLEAR				
5. SEX MALE	CAUCASION	WIDOW		1	1-18-95	9. AGE (In yours lost birthday) 73	If Under 1 Months D	Yr. If Un oys Haurs	det 24 Hrs. Min.
IOA. USUAL OC	CUPATION (Give kind of wor	108 KIND	OF BUSINESS OR INDUST	RY 11. BIR	THPLACE (Slale or	foreign country)	12, CITIZE	N OF WHAT	COUNTRY
ICE MAN	of working life, even if retired)	ICE	BUSINESS		ALTIMORE,			S. A.	
FREDERIC					THER'S MAIDEN	4.0			
		3			ITA BOWE				
YES	ed Ever in U. S. Armed Fo vn) (If yes, give wer or det 12-14-17 TO	es of sorvic		17. INF	900 LOCH I	RAVEN BLVD.,	RDS ^	MD 2	1218
18. 16	2,11		CAUSE OF DEA					APPROXIMATE WEEN ONSET	INTERVAL
DISE	ASE OR CONDITION DI LEADING TO DEATH	RECTLY		Cox	on of Tu	120	100.1	WEEN ONSET	AND DEATH
heart failure	nal mean the made of	the disen	(A) IMMEDIATE C.	AUSE	ncer of lu	uig		*********	
injury or co	amplication which caused	death.)	,						
	ANTECEDENT CAUSES		(8)						
rise lo l	OR CONDITIONS, if the abave cause (A) NG CONDITION last	any, givi slaling (S A CON	SEQUENCE OF:				
OTHER SIGN	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T	HE TERMIN	IG AL						
OTHER SIGN TO THE DEA DISEASE OR 19A. DATE O	CONDITION GIVEN IN PAI OF OPERATION 198 CON WAS PER	DITION FO	R WHICH OPERATION	20A	AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CO USES OF DE	ONSIDERED	2
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF fy medical examined		218. PLACE OF INJURY (e.g. hame, form, factory, street, etc.)	In ar abou affice bldg	121C. WHERE DIE) (If In Baltimar	a City, giva e		
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		21E INJURY OCCURRED While At At Wark Work		21F. HOW DID	INJURY OCCUR?			
22. I certif	y that (10) (this hospita			17 MAI	SCH	_19 69 to 30	APRIL	71	9 69
that () (we) last saw the decease	d alive a	n 30 APRIL	1	69 and	that In (BOX (aur) apl			
and havr a	nd fram the causes sta	ted abave	<u>ණු (We) (dld) දුන්ණුකුත්</u>	view the	bady after deat	h.			
23A. 5IGNAT	URE	, ,	/	tending 😿	Med.		238, DATE 5		
23C. PHYSICI	IAN'S	4	DEGREE PH	ys. 23D. ADI	Director L	Staff Phys.		30/69	
NAME	(Typo)	166	ouro	230. AU	J/00 I		LEVARE		
24A. BURIAL CR	EMATION, 248, DATE		NE M.D. DEGRE	REMATOR		ORE, MARYLAND			(\$tat-)
REMOVAL Buria	(Specify)		arkwood Cemete		240	Baltimore,	MA	ounty)	(Stote)
25A. DATE REC'	D BY HEALTH DEPT.		E OF REGISTRAR		FUNERAL DIRECT	Ruck, Inc. B	olto M	ADDRESS	71.
VS 150-REV. 1/1	27 7 1000	(F.O)	45 7 . U.	Ma	7	THE D	a100. M	u. 212.	Trt
VS IJU~KEV. I/	100	- · · · · ·	V						



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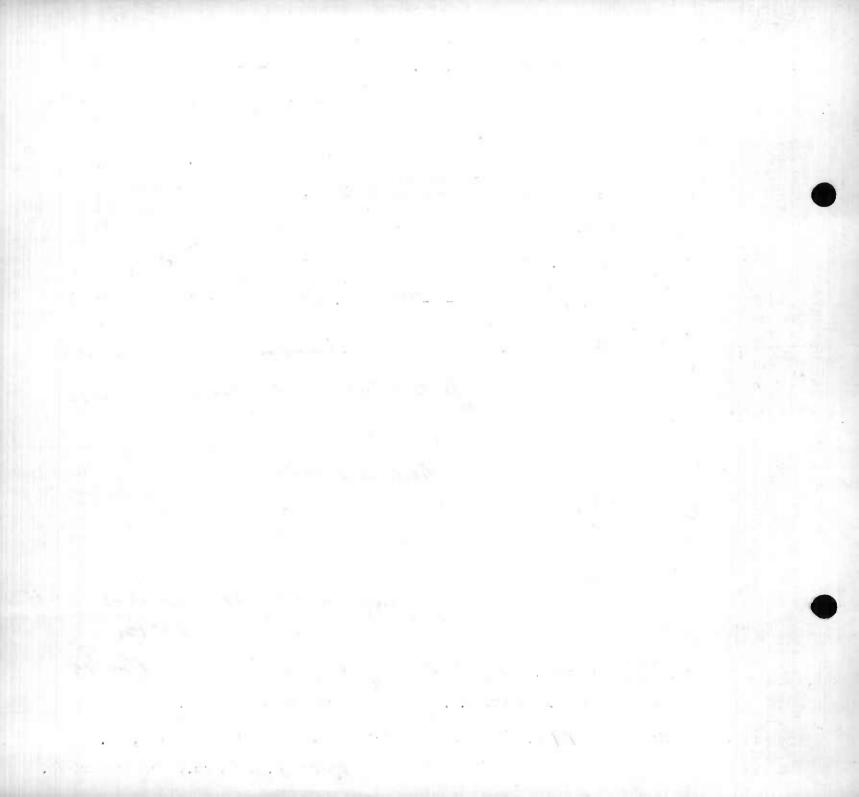
FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B





VS 150-REV. 1/1/6B



V\$ 150-REV. 1/1/6B

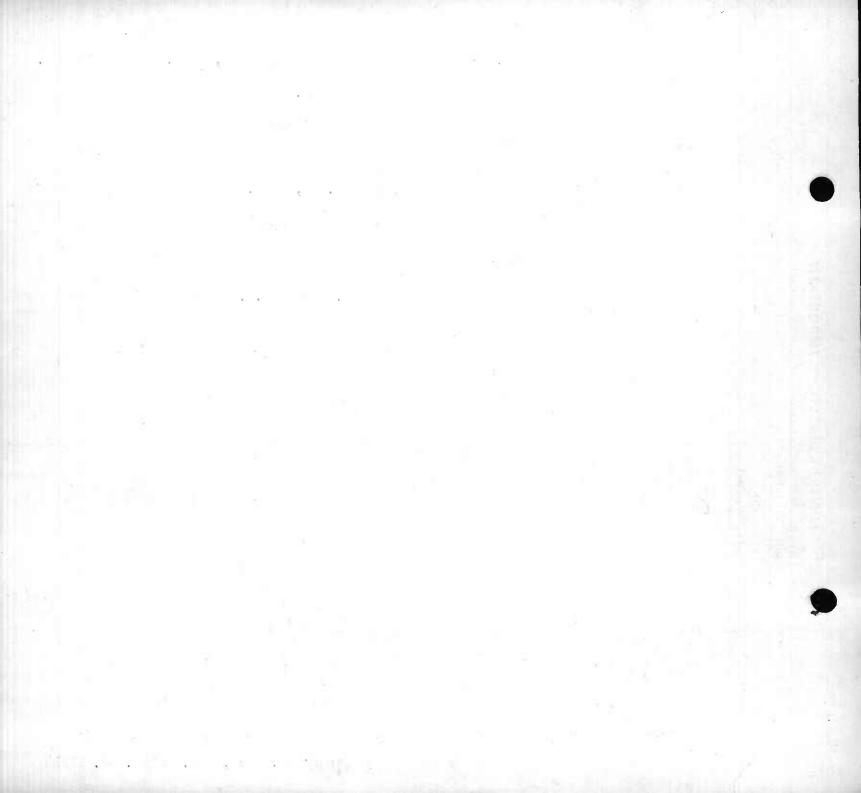
at the same

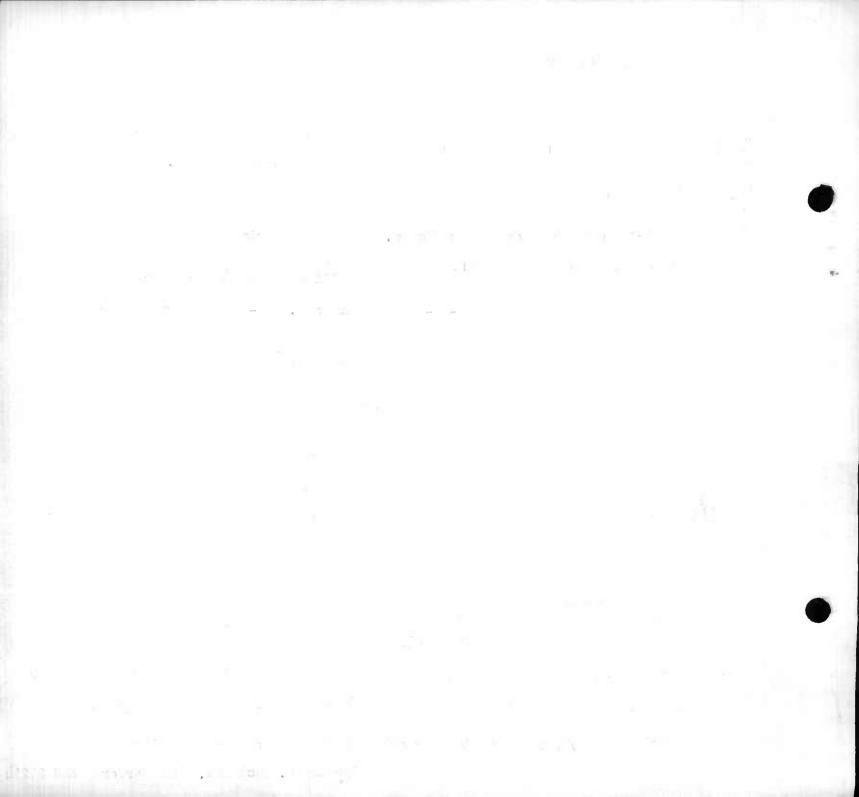
VS 150-REV. 1/1/68

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	69	9 44	CERTIFICA			REG. NO	69	4493
BIRTH NO.	CEASED		CERTITICA	TE OF DE		ND HOUR OF DEATH		
(Type or Print)	VIVIA	N O. 1	RUSSELL		April	. 28, 1969.		1:45 A. ,
3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDA. STATE	B. COUN	re deceased lived. If in ITY		ce before odmission
HOSPITAL OR	ADDRESS OR LOCA	(TION)	JTION, GIVE STREET	C. CITY OR TOW	/N	D. INSt	DE CITY LIMITS?	
	2802 Souther	nn Arron	10	Baltin			YES 🔀	NO 🗌
00	2002 5000116.	IN WACH	20	E. STREET AND	NUMBER	2802 Sout	hern Ave	nue
Female	White	7- MARRIED	NEVER MARRIED DIVORCED	Sept. 30		9. AGE (In years tost birthdoy)	If Under 1 Yr. Months Doys	Hours Min.
	UPATION (Give kind of work			-		ign country)	12. CITIZEN C	F WHAT COUNTR
done during most of House	working life, even if retired) wife				Maryla	ind	U	SA
3. FATHER'S NA				14. MOTHER'S A				
	Henry Sc	hwartz				Viola D	ixon	
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT			ADD	RESS
No	Titr yes, give wor or dole	s of service	SECURITY NO.	Mr. Thor	mas F.B	. Russell	(S	ame)
OTHER SIGNII TO THE DEAT DISEASE OF CO 19A. DATE OF	-67 WAS PERI	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR VECTORMED	(C)	20 A. AUTOPS	Y? (Yes or No	D) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CON USES OF DEATH	H?
_ OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	218. hometc.	PLACE OF INJURY (e.g., i e, form, foctory, street, o	ffice bldg., INJURY	OCCUR?	(If In Bottimor	e City, give exoc	:1 locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED Not While At Work	e 🗂	OM DID INJ	URY OCCUR?	m.	Jan Mil
that (I) (we)	that (!) (this hospital) lost sow the decease d from the couses stat	d olive on	4-26	19 69	ond th	19to not in(my) (our) opi		•
23A. SIGNATU				1,			238, DATE SIG	NED
	162 W/g	n	Phy	inding Mo	ed.	Staff Phys.	4/2	29/69
23C. PHYSICIA NAME (1			DEGREE	23D. ADDRESS 58	20 V	lonk Ro	1.	
24A. BURIAL CRE		24C. N	AME of CEMETERY OF CRI	MATORY	24D. L	OCATION (Ci	ty, town, or cou	inty) (Stote)
Burial	5/1/6	9 Par	kwood Cemeter	V	E	Baltimore Ma	ryland	
	BY HEALTH DEPT.		of REGISTRAR	25C. FUNERA	L DIRECTOR		A	21214
VS 150-REV. 1/1/	68	V-						





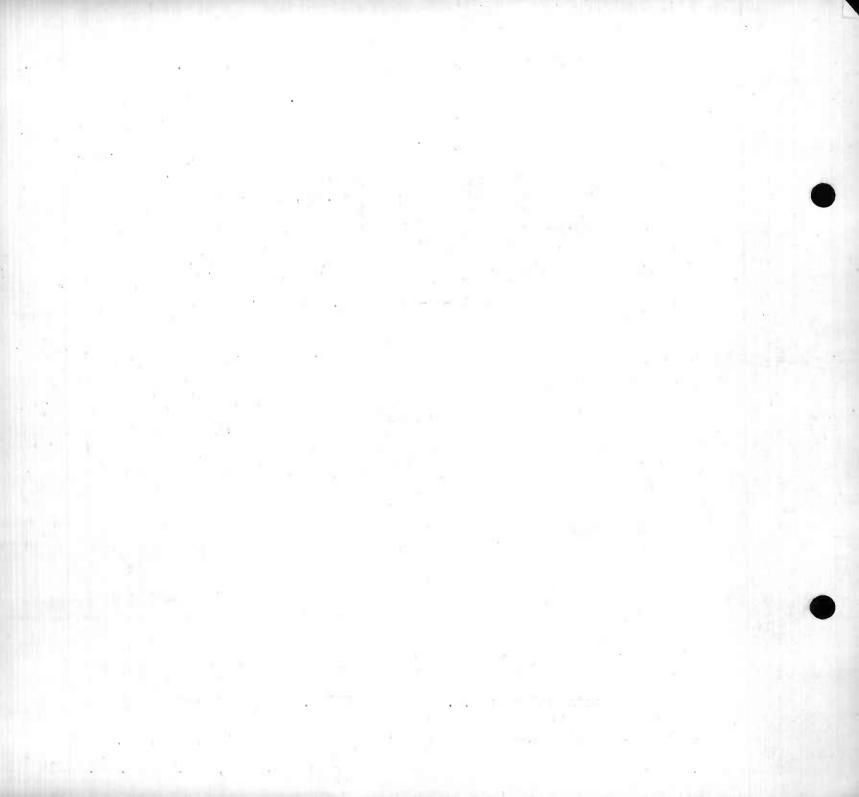
BALTIMORE CITY HEALTH DEPARTMENT 4495 CERTIFICATE OF DEATH gud of death cause; (5) Deceased BIRTH NO 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) no SALVATORE DINATALE April 27, 1969. a hospital 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD death ance Ballo. CO. contributing cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? attend INSTITUTION 10 Baltimore YES X = prior E. STREET AND NUMBER Harbor View Convalescent Home 5702 Kenwood Avenue occurred Undetermined regular is mad 9. AGE (In years If Under 1 Yr. Months! Doys 5. SEX 6. RACE B. DATE OF BIRTH MARRIED NEVER MARRIED eceased last birthday Male White WIDOWED DIVORCED Nov. 26, 1886 (0A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition death done during most of working life, even if retired) Cement Finisher Sicily 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 direct 4 DiNatale eath LO 15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT final SECURITY NO (Yes, no or unknown) (If yes, give wor or dotes of service) attendance 220-07-4516 No Mrs. Lena DiNatale any CAUSE OF DEATH OF pronounce DISEASE OR CONDITION DIRECTLY Also, balmed of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., hearl failure, asthenio, etc. 11 means the disease, examiner gular injury ar camplication which caused death.) em Fra ANTECEDENT CAUSES who Te are DISEASES OR CONDITIONS, if any, giving the above cause (A) physician UNDERLYING CONDITION last. chief medical the remains medical Was Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 0 WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? the 3 where hospital ° DEATH (notify medical examiner) nature; by MEDI obtained 21 D. TIME (Month) (Day) (Year) 21 F. HOW DID INJURY OCCUR? (Hour) 21E. INJURY OCCURRED 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and the any 22. I certify that (1) (this haspital) attended the deceased from 20 pe that (1) (we) last saw the deceased alive on. eath) of hospital and hour and fram the couses stated above. (1) (We) (did not) view the bady after death. must 23A, SIGNATURE Attending 5 Med Staff 10 Phys. written approval Director 0 23C. PHYSICIAN'S 23D. ADDRESS certificate prior a NAME (Type) Kenneth Krulevitz M.D. 115 W. Monument Street 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION deceased 0.0 the body REMOVAL (Specify) 4/30/69 shows: Entombment Lorraine Park Mausoleum Was 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR 1969 V\$ 150-REV, 1/1/68

12. CITIZEN OF WHAT COUNTRY? USA ADDRESS (Same) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacation) and that in (my) (cor) apinlan death accurred an the date 23B. DATE SIGNED (City, lown, or county) Baltimore, Md. ADDRESS eonard J. Ruck, Inc. Balto. Md. 21214

NO

Hours !

If Under 24 Hrs.



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□ ≥ · . . 9



69 4438 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

RIP	TH NO.		MED			AMINER'S			OF DEA	TH REG. NO	69	449	98
						2. DATE OF DEATH	Known Estimote	□ Month d □ April	25, 1969	Yeo		Р. м.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					3. DATE Month Doy Yeor Hour PRONOUNCED DEAD April 25, 1969 9:00 P.								
					5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odmission) A. STATE Maryland B. COUNTY								
-	SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED				C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NOX								
	6/1903	1	10. AGE (In lost birthdo			der 1 Yr. If Under 24 Hrs. s Doys , Hours , Min.		Arran A					
11.	BIRTHPLACES	ryland n. Car	roll Co	ounty		TIZEN OF HAT COUNTRY?		r's NAME	Hughes	3			
14A done	USUAL OCCUP during most of w Clerk	PATION (Giver orking life, ev	ve kind of work ven if retired)		oles	usiness or industry	15. MOTH		NAME				
16. (Yes	WAS DECEASE , no or unknown) NO	D EVER IN (If yes, give	U.S. ARMED wor or dotes	FORCE of service	S? •)	17. SOCIAL SECURITY NO. 212 01 6798	18. INFO		Hughes 9	O3 Arran	Rd.		
CERTIFICATION	(This does no heart foilure, injury or com AN DISEASES CRISE TO THE UNDERLYIN OTHER SIGN TO THE DEA	EADING TO of meon the osthenio, et- plicotion whi ITECEDENT OR CONDITI ABOVE CA IG CONDITI	mode of dy ., it means the ch coused dec CAUSES ONS, IF ANY .USE (A) STAT ION LAST. II NUITIONS CG T RELATED TO	ing, e.g., disease, th.) , GIVING THE	ITING	(A) IMMEDIATE C DUE TO, OR A	AUSE AS A CONS	Otic car		lar disea	- 1	BETWEEN ONSET	
CERTIF			N 20B. COM			VHICH OPERATION W	AS PERFOI	MED			21. AU	UTOPSY? (Yes	or No)
MEDIC	UNDERLYING UTING CA 22D. TIME (OF INJURY (APPROX.) 23.	Month) ((ATH. Day) (Year	nquiry ses X	home, yor) 22 m. Wi	ORK L ATV	WHILE Topsy AS	ond the CHIEF MED	OID INJURY OC	CUR? s, deoth in my mined monner R	opinio		SNED
	A. BURIAL CREA MOVAL (Special Burial	AATION,	248. DATE 4/29/	69		oreland Memo			Z4D. LOCATIO		lto.		id.
25/	A. DATE RECID	BY HEALTH			_	OF REGISTRAR	250	. FUNERAL D	DIRECTOR		DDRESS	5	
V\$	151-REV. 1/1/68			1	7	79.0	1	4	0				•

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



